DOCUMENT RESUME

ED 252 308 PS 014 832

TITLE	Families and Child Care: Improving the Options. A Report by the Select Committee on Children, Youth, and Families. U.S. House of Representatives, Ninety-Eighth Congress, Second Session, with Additional Views.
INSTITUTION	Congress of the U.S., Washington, DC. House Select Committee on Children, Youth, and Families.
REPORT NO	House-R-98-1180
PUB DATE	85
NOTE	184p.
PUB TYPE	Legal/Legislative/Regulatory Materials (090) -- Reports - Evaluative/Feasibility (142)
EDRS PRICE	MF01/PC08 Plus Postage.
DESCRIPTORS	Accessibility (for Disabled); Child Abuse; Child Caregivers; *Day Care; Day Care Centers; Demography; Employed Women; Employer Supported Day Care; Employment Practices; *Federal Legislation; *Federal Programs; Hearings; *Infants; Information Services; Nursery Schools; One Parent Family; Outcomes of Education; Parent Participation; *Preschool Children; Public Schools; *School Age Day Care; State Government; Tax Credits; Tax Deductions; Teacher Certification; Teacher Education
IDENTIFIERS	Congress 98th; Maternity Benefits

ABSTRACT

The culmination of a year-long bipartisan national initiative on child care policy, this committee report makes specific policy recommendations for the federal government based on hearings held in 3 cities and receiving the testimony of 160 witnesses from 22 states. An introduction summarizes demographic trends and present policies regarding child care, and gives examples of child care initiatives. Recommendations for Congress include revising current income tax credits and exemptions; improving current training and licensing requirements for child care providers; improving leave and personnel policies of private employers; restoring funds to child care services; developing incentives for private employers to expand child care options; and encouraging the use of public schools for preschool and school-age day care. The major part of the report details the committee's findings. Part one describes the need for child care for infants, preschool children, school-age children, and children with special needs. Part two describes the current child care effort of the private sector and of local, state, and federal governments. Part three considers important issues in protecting children in out-of-home care, such as caregiver training and certification, disease prevention, child abuse, and parental involvement. Part four includes six appendices giving statistics on child care and listing organizations that helped the committee, 1983-84 hearings and facility site visits, hearing witnesses, and references. Additional views of some committee members are also included. (CB)

PS

ED252308

Union Calendar No. 663

98th Congress
2d Session

HOUSE OF REPRESENTATIVES

Report
98-1180

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FAMILIES AND CHILD CARE: IMPROVING THE OPTIONS

A REPORT

BY THE

SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES

U.S. HOUSE OF REPRESENTATIVES

NINETY-EIGHTH CONGRESS

SECOND SESSION

WITH

ADDITIONAL VIEWS

December 28, 1984.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed.

U.S. GOVERNMENT PRINTING OFFICE
WASHINGTON : 1985

41-385 O

PS014832

ED253108

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LETTER OF TRANSMITTAL

U.S. House of Representatives,
Select Committee on Children, Youth, and Families,
Washington, DC, December 28, 1984.

Hon. Benjamin J. Guthrie,
Clerk, House of Representatives,
Washington, DC.

Dear Mr. Guthrie: We are pleased to transmit the enclosed reports entitled "Children, Youth, and Families: 1983, A Year-End Report," and "Families and Child Care: Improving The Options."

These reports, which are transmitted in accordance with Section 6(a) of House Resolution 16, summarize some of the major findings of the Committee during the 98th Congress. In addition, the child care report, which culminates a year-long bipartisan national initiative on child care policy, makes specific policy recommendations.

These reports will be followed in January by another document entitled, "Activities Report for the Year 1984 of the Select Committee on Children, Youth, and Families, 98th Congress, Second Session."

Respectfully submitted.

Sincerely,

George Miller,
Chairman, Select Committee on Children,
Youth, and Families.

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INTRODUCTION

Our nation is in the midst of social and economic trends which raise new challenges for American families.

One of those challenges for families -- how to provide the best possible care for their children -- is the subject of this report.

As the Select Committee on Children, Youth, and Families learned in its 1983 nationwide assessment of families and children, many more families face enormous constraints of cost, availability, and suitability in their search for out-of-home care.* The result is that there are few acceptable options left to parents as they carry out their responsibilities as the primary caregivers for their children.

It is this growing problem -- with enormous stakes involving the well-being of millions of families and children -- which led the Committee to conduct a bipartisan national initiative on child care policy.

This report is the culmination of that effort. Over sixty-five national organizations endorsed the initiative,** and more than 160 witnesses from 22 states came before the Committee at hearings and site visits in Dallas, Texas, San Francisco, California, and Washington, D.C.*** Additional hearings held this year in New Haven, Connecticut, Detroit, Michigan, and Washington, D.C. also included testimony bearing directly on the concerns of families needing child care.

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* See "Children, Youth, and Families: 1983. A Year-End Report" on the Activities of the Select Committee on Children, Youth, and Families, U.S. House of Representatives, March, 1984

** See Appendix I for list of endorsing organizations.

*** See Appendices II, III & IV for list of hearings, site visits and witnesses. Throughout the text, numbers in parentheses refer to testimony presented to the Committee during 1983 and 1984, and to reports issued by the Committee during the same time period.

The report is not a definitive analysis of each topic raised, but instead is intended to represent an overview, or survey, of current child care issues as raised by our witnesses. As in the 1983 Year-End Report, this summary report has been written using the witnesses own words as often as practicable.

Family Composition, Work Force Trends and Population Shifts

For the first time in almost 30 years, the number of American children under ten years of age is increasing. By 1990, there will be 38 million children in this group, and 23 million children under six -- a 17 percent increase since 1980.*

In 1990, there will be nearly three million more children under ten who will live in single-parent households, a 48 percent increase in this decade. The growth is due to increasing rates of divorce and out-of-wedlock births. Nearly one child in four in America will live in a single-parent household by 1990, double the 1970 rate. Largely as a result of the growing number of single-parent households which typically suffer from a greater incidence of poverty, more than one-fourth of the total increase in children under six, and more than half of the increase in children under six from single-parent households, will be poor.

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* See "Demographic and Social Trends: Implications for Federal Support of Dependent-Care Services for Children and the Elderly," (Select Committee on Children, Youth, and Families, U.S. House of Representatives, December 1983, prepared by the Congressional Budget Office.) Unless otherwise noted, all projections are based on this report.

When children do live with two parents, chances are that both parents will be employed. The most typical working arrangement of families is the two-earner pattern. Among married women with husbands present and children under age six, 30 percent were in the labor force in 1970, increasing to 48 percent in 1984. It is projected by the Congressional Budget Office that, by 1990, 55 percent will be working, an 80 percent increase in twenty years.

The reality is that women are entering the work force as never before. According to the Bureau of Labor Statistics, by 1990, 66 percent of the new entrants into the workforce will be women. It is estimated that 80 percent of women in the workforce are of child bearing age, and that 93 percent of them will become pregnant at some time during their work life. Already, in 1984, more than half of all mothers with children under six, and nearly half of all mothers with children under one year of age were in the labor force. Clearly, the labor force participation rates of all mothers, regardless of marital status, have risen substantially in recent decades.

For the purpose of this report, when we refer to "work" we are generally referring to full-time or part-time paid employment. Usually this work is conducted outside the home, though not necessarily exclusively. We do not mean to imply, however, that the significant number of mothers who remain at home to care for children and the household do not work. They do, they should be valued for doing so, and they should not be discriminated against by any federal income or tax policy. We also do not intend either to encourage or discourage the entry of mothers into the labor force, since that is a decision properly taken by the family.

Why Are More Parents Working?

Women enter the work force for many reasons. The major reason reported to the Committee, was economic. In 1983, 25 percent had husbands who earned less than $10,000, more than 50 percent had husbands who earned under $20,000, and nearly 80 percent had husbands who earned less than $30,000 per year. Over the last five years, median family income has declined by over nine percent in real terms, from $26,885 in 1979 to $24,580 in 1983 (in constant dollars). In addition, the declining real value of the federal tax exemption for dependents has affected family income.

Finally, there are several million single mothers, and their average yearly income is less than $10,000. These are among the most modest income families in America.* It is not economically realistic for mothers in these families to abstain from entering the labor force, unless of course, they are unable to work, or are teens who must complete their schooling.

Will There Be Adequate Child Care Under Current Policies?

As a result of these changes in demographics, in the workforce, in family composition and in the economy (including outdated tax policies), millions of families find it necessary to look for out-of-home care for their children during working and commuting hours. This is true even though these parents may prefer to raise their children entirely at home.

As noted, there are going to be many more young children in need of care, and parents will be less available than ever before to care full-time for them. The number of teenagers -- a group often relied on for part-time care -- will shrink by five million between 1980 and 1990. Also, many of the new group of young children born between 1984 and 1990 will be first or second children who will not have a teenage sibling. The number of available grandmothers, aunts, and neighbors is likely to shrink as more women enter the labor force.

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* The poverty line for a family of four in 1983 was $10,178.

In fact, there is no national data base for child care, and estimates are drawn from a variety of different sources. What we know about the supply of child care and the type of arrangements made by parents is limited by available data. A limited Census survey* suggests that the trend in child care arrangements of working mothers has been away from in-home care and care by relatives and toward greater reliance on out-of-home care by non-relatives.**

For example, 40 percent of children are cared for by relatives both in- and out-of-home, in spite of a constant decline since 1958. At that time, 57 percent of the youngest children of mothers employed full time were cared for by relatives. The percentage of youngest children cared for in their own homes has declined substantially, from 57 percent in 1958 to 26 percent in 1982.

Of children cared for in out-of-home settings, many are in informal care situations. Some estimate that the majority of all out-of-home care is provided in "family day care homes," although how "elastic" a supply this represents is not clearly known. Census estimates that in 1982, 19 percent of the youngest children of women employed full time are cared for in day care centers and nursery schools.

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* The U.S. Census survey of child care arrangements, conducted in June 1982, is limited by the fact that it reports only child care arrangements made for the youngest child under age five. Child care arrangements made for other siblings are not reported. For comparability with prior U.S. Census surveys, see Current Population Reports of the U.S. Census, Series P-23, No. 129 (June 1982) and No. 117 (June 1977).

** See Table, page 135, and Chart B, page 137.

There is, however, a great deal we can say about current resources. Before 1981, Title XX of the Social Security Act provided funds to states specifically to help low and moderate income families pay for child care. When Title XX was incorporated into the Social Services Block Grant as a result of the 1981 Omnibus Budget Reconciliation Act, funding levels were reduced by 21 percent, and the targeted $200 million in federal funds for child care were eliminated. Supporting services, like the child care nutrition program, have also been reduced. As a result, the majority of states have reduced their child care services for low and moderate income families.

As use of the child care tax credit has increased, providing approximately 1.7 billion dollars in relief for families who have incurred child care expenses, it has become the largest single source of funding for child care. However, two-thirds of this credit goes to families with above median incomes, and none goes to the millions of families who lack sufficient disposable income to take advantage of it.

In the private sector, some employers have begun to offer a range of child care related services -- including referral programs, benefit plans, and on-site centers. There is much potential in private sector assistance. It is still, unfortunately, an almost completely untapped resource. Of the six million employers in the United States, according to The Conference Board, only 1,500 provide any form of child care assistance to their employees.

Finally, and most importantly, the witnesses themselves -- the parents, providers, children, and social scientists -- convinced us that there are very large gaps in current services.

Waiting lists for family day care homes and centers for infants and after-school programs for school-aged children are commonplace. Child care for children who are ill or disabled is extremely limited, as is care for abused and neglected children, and for children of teen parents. Even preschool care, the most widely available of all child care, is inadequate in many communities.

Even when major barriers do not exist, as in the case of parents who can afford suitable infant care, there can still be a shortage. Parents have identified availability, affordability, and lack of information as their major problems. Because each affects the other, and has varying degrees of impact on different groups, we cannot attach primacy to any one.

With regard to infant care in particular, the rapidly increasing workforce participation of mothers with infants has deepened the Committee's concern about the impact of out-of-home care on these infants' emotional development. With regard to whether the emotional effects of out-of-home care on infants are adverse, research findings are mixed and not definitive. As a result the Committee urges caution.

All researchers do agree, however, that for infants as for other children, the quality of care, whether in- or out-of-home, is the most important factor.

Protecting Children in Out-Of-Home Care

Families who need to place their children in out-of-home care are unanimous in their desire to find safe, nurturing and developmentally appropriate care for their children. The necessary rapid expansion of child care opportunities and their diversity means that we must do everything possible to assure the adequacy of child care settings.

Currently, child care may be provided in schools, nurseries or centers, in family day care homes, or in-home by a relative or non-relative. The care may be available full- or part-day with or without some or many other children; it may include a structured educational component, or some educational emphasis, or be primarily custodial. The Committee was constantly reminded that care outside the home is as variable as it is in the home.

Any of these out-of-home child care arrangements may be licensed or unlicensed, registered or unregistered, depending on the state. Requirements included in licensing and registration also vary substantially from state to state.

The Committee is deeply concerned about recent reports of abuse in child care, and firmly believes that in addition to specific new safeguards, ultimately the greatest assurance of well-being will be provided by the full and active participation of the parents. A number of states are changing their requirements, but all states need to improve their procedures for preventing child abuse in day care centers.

Training caregivers, improving the level of health, safety, and sanitation standards, enhancing parents ability to evaluate and interact with day care providers, and increasing the wages of providers are all essential elements of upgrading the child care system. Any strategies designed to address child abuse must be designed in coordination with strategies to improve the quality of the child care system overall.

Examples of Positive Child Care Initiatives

Although there is this gap between need and supply, there is reason to hope. Our witnesses have presented us with many examples of successful child care efforts. There are enough successes, coming from every kind of sponsor, and meeting a wide variety of child care needs that we believe they can be replicated on a wide scale without requiring new bureaucracies or delivery systems. The models for success in child care already exist (see section II, p.57).

For example, with regard to infant and preschool care, we have seen responses ranging from expanded parental leave policies which enable parents to stay home during the critical first months of infancy, to corporate on-site centers which allow mothers to nurse and visit their infants. California uses state funds to serve thousands of preschoolers in what has become a young child centered educational system.

School-aged children are being served by "warm lines" in some communities, to help them overcome their fears and loneliness. Schools are offering, or contracting with licensed providers to offer before- and after-school care. There are joint school/nonprofit sponsored after-school programs, such as the YMCA-run program in San Antonio, Texas.

Although there are still relatively few examples, the Committee has seen how successful employer-sponsored child care initiatives can be. Corporations offer a wide range of services, as well as contracting with others. Utah Issues offers a flexible benefit plan which will pay for 50% of child care. Businesses are providing funds to local governments and agencies to help them develop facilities, and joining with other corporations in a few instances to make information and referral services available to parents in nearby communities.

In spite of the difficulty in serving families with special child-care problems -- teen parents, single parents, etc. -- the Committee has seen many succcessful projects. Some communities give special child care assistance to single parents looking for work or training. There are child care programs for teen parents, like the one in St. Paul, Minnesota, which allow almost all to complete school. California has a Child Development Program which serves 6,500 preschool children of student/parents. California also makes special child care provisions for disabled children.

Finally, although still just a beginning, there are now more successful credentialing and training efforts underway. These, of course, are designed to help protect and safeguard the well-being of the children in child care. Fifteen thousand people have received the Child Development Associates credential since 1975. The National Association for The Education of Young Children has designed a voluntary accreditation program for early childhood centers and schools.

Summary

Unlike the Year-End Report, this document contains policy recommendations. It is the Committee's view that, as we move towards 1990, more families will need child care. We believe the situation will worsen unless parents are given more child care options, and that the gap in current services will grow wider unless greater attention is paid to specific proposals, covering a wide range of public and private initiatives. (See page xiv)

Parents should be able to choose among options which they believe best meet their children's needs, whether it is staying home full-time or working full-time, or some choice in between.

George Miller,
  Chairman
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FINDINGS/RECOMMENDATIONS

FAIR TAX POLICY FOR FAMILIES

Finding: The personal and dependent exemption has diminished in value for those families raising children in the current economy, and the tax system, including policies directed at child care, may be directing resources away from those families most in need.

Recommendation: Congress should immediately revise tax policy to ensure that families raising children are not penalized whether they choose to stay home with their children or seek out-of-home care. Limited federal resources should be directed to allow full participation by families with little or no tax liability. Tax policies considered, separately and together, should include, but not be limited to, the personal and dependent exemption, the dependent care tax credit, the earned income tax credit, family allowances, and the dependent care assistance program.

PROTECTING CHILDREN IN OUT-OF-HOME CARE

Finding: The Committee places great urgency on resolving the problems of child abuse in child care settings. Insufficient policies and resources covering the training and compensation of child care workers, health and safety standards, coordination with local law enforcement officials, and parental involvement severely jeopardize the current child care system.

Recommendation: Congress should immediately consider discontinuing the flow of federal funds to states that have failed to provide adequate health, safety and law enforcement standards for the protection of children in out-of-home care. The Secretary of Health and Human Services must expedite ways to assist states in preventing child abuse in child care settings, including providing model guidelines to states for regulatory and licensing standards.

Recommendation: The Department of Health and Human Services should continue without interruption current national training and credentialing programs and, in addition, expand those efforts to ensure training for family day care providers and infant caregivers.

Recommendation: Congress should establish a modest matching fund program designed to expand community-based information and referral services for parents, and to support networks for providers, workers and administrators of child care programs.

IMPROVING PARENTAL INFANT CARE OPTIONS

Finding: Although most new entrants into the labor force will be women of childbearing age, under current policies they still risk losing their job or substantial income if they give birth and stay home for a short period of time with their infant. Also, with regard to whether the effects of out-of home care on infants are adverse, research findings are mixed and not definitive, and as a result the Committee urges caution. Quality out-of-home care for infants is costly and in short supply.

Recommendation: Working with members of the private sector, Congress should review both the barriers and incentives to improving current leave and personnel policies. Policies should be developed which do not penalize parents for giving birth or spending an acceptable period at home with their infants. Issues reviewed should include, but not be limited to, job continuity and possible salary or income adjustments.

SUPPORTING CURRENT CHILD CARE SERVICES

Finding: Social and economic trends have added greatly to the demand for child care. Increased numbers of very young children and working mothers will compound these pressures throughout this decade. Current child care efforts, which have been eroded in recent years, must be adjusted to meet the current and expected needs of families.

Recommendation: Congress should immediately provide funds under the Social Services Block Grant at the maximum level authorized for FY 1985 under Title XX of the Social Security Act (42 U.S.C. 1397, Sec. 2001-2008), with an emphasis on child care services.

Congress should require States to disregard an initial thirty dollars in monthly earnings plus one-third of remaining earnings plus work expenses (including reasonable child care costs related to employment), when determining the amount of benefits to which a recipient AFDC family is entitled. For children eligible to participate in the Child Care Food Program, nutritional supports should include three meals and two supplements per day per child.

Recommendation: Congress should immediately review the legislative authorities for child care under vocational, postsecondary, and training programs to determine if they are adequate to meet the child care needs of the participating parents. Particular attention should be given to adjusting these policies, if necessary, to cover more fully the transition to employment.

EXPANDING THE ROLE OF THE PRIVATE SECTOR

Finding: Direct or indirect employer-sponsored child care services will play an increasingly important role in ensuring adequate child care choices available to families. There is substantial evidence, however, that employers are unaware of the extent of the need for child care among their employees. This is true in spite of the fact that two-thirds of the new entrants into the work force will be women.

Recommendation: Congress should develop incentives for private employers to expand the child care options available to their employees. The options considered should include, but not be limited to, parental leave and personnel policies, fringe benefit plans, on- or off-site child care centers, and information and referral services.

Recommendation: Congress should review current barriers and possible incentives to the formation of proprietary and other child care facilities, including family day care homes.

SCHOOLS AND CHILD CARE

Finding: Parents and communities are struggling to provide safe, supervised and developmentally appropriate before- and after-school activities for their "latchkey" children. Better use of public schools would help them achieve these goals.

Recommendation: Congress should provide incentive grants to assist public and nonprofit agencies to develop before- and after-school child care programs for school age children, using public and private school facilities. These programs should be offered on a sliding fee scale basis to allow for the participation of families from all income levels.

Finding: Nearly sixty percent of mothers with children ages three to five are now in the labor force. Better use of the public schools would expand the number of safe, affordable child care options available to these parents.

Recommendation: Congress should provide incentive grants to public and private non-profit agencies to assist local school districts and private schools which choose to develop programs for four year olds in public schools. One component, if a local school district or private school chooses to implement such a program, may be directed towards enrichment programs for educating disadvantaged children. These programs should be offered on a sliding fee scale basis to allow for the participation of families from all income levels.

I. CHILD CARE NEEDS

Chapter 1: Care of Infants

Need

Never before have so many mothers with infants been in the workforce. Neither the demographic nor anecdotal evidence brought to the Committee suggest this situation will change in the coming decade.

Many mothers with young children have entered the workforce in recent years. According to the Bureau of Labor Statistics, women with children under three are entering the labor force at a very fast pace. In 1970, only 26 percent of married women with children under three were in the labor force. By 1984, that figure had grown to 48 percent, an 85 percent increase.* Most significant have been the trends in the labor force participation rates for mothers with infants. According to the Bureau of Labor Statistics, almost half of all mothers with infants under one year are now in the workforce (46.4 percent), a 52 percent increase since 1976.

By 1990, it is anticipated that fully half the labor force will be comprised of women, and 80 percent of those women will be of child bearing age. Ninety-three percent will become pregnant at some point during their work lives.(111)** As a result, there will continue to be a large and growing need for infant care. Many examples of current need were brought before the Committee:

---

* There are 9,248,000 women with children under three, 48 percent of whom are in the labor force: 2,505,636 are employed full-time; 1,437,364 are employed part-time; and 564,000 are looking for work.

** All numbers refer to references found on page 110.

> A middle income parent from suburban Montgomery County, Maryland, was referred to 60 family day care homes. Forty-five had no openings for infants while the others did not provide the kind of care she wanted for her child. She chose an unlicensed home, but the provider left the community soon thereafter. None of the local child care centers accepted infants, which left her the choice of hiring someone to provide care in her home. However, the cost of in-home care proved too great. The family first reduced the hours of care, and then resumed the search for another family day care provider.(25)

> A career military couple in Virginia required infant care to meet their unusual work schedules, but the military's child care centers were closed at those times. Their referrals did not take infants, or had no openings. They chose to combine the services of a babysitter and a family day care home which "is still inconvenient and excessively time consuming," although they are pleased their son is getting good care.(85)

Other witnesses had similar stories of frustration to tell.(78, 101, 150)

Communities throughout the country are experiencing similar problems meeting the child care needs of very young children as well:

Utah

In Salt Lake City, only two centers were taking infants in 1983, and 95 infants were on their waiting lists.(8)

California

In Marin County, all existing infant/toddler centers are full and maintain active waiting lists.(11) The YWCA Infant Toddler Center in suburban North Orange County is at full capacity (30 children), and has had a waiting list of well over 100 families since the center opened in 1980.(157) In Walnut Creek, another rapidly developing suburban community, a new center for infants and preschoolers opened with one child. Three months later there were 105 children on the waiting list.(15)

Texas

The Zale Corporation in Irving offers an on-site center and has 25 infants on its waiting list.(114) A church-based center in Dallas has well over 300 children, two-thirds of whom are under three years of age, waiting to be enrolled. The director believes the need is much greater. He estimates that only one out of ten families actually needing care is placed on the waiting list.(44)

Indiana

In a company-wide survey of its employees, the Lincoln National Life Insurance Company of Fort Wayne found that 170 of the 349 employees who responded had infants under age two, while none of the 29 local child care centers offered infant care.(36)

Connecticut A needs assessment study conducted at the Yale-New Haven Hospital confirmed that the vast majority of employees who were or would be looking for out-of-home child care were interested in on-site care, specifically for children under age three.(47)

Current Arrangements

While many families would prefer to have a parent stay at home or have a relative or neighbor care for their young infants, many are resorting to "child care packages" because they cannot find or afford the type of arrangement they would prefer.

The use of family day care homes and group care in other facilities is growing. (See Table, page 135, and Chart A, page 136.) However, family members and relatives continue to care for the majority of very young children. The only available national survey of child care arrangements of working mothers found that in 1982, almost 30 percent of employed mothers placed their infant (under one) in out-of-home care with a nonrelative.*(219) Almost 50 percent of employed mothers placed their infant in the care of a relative -- 20 percent in another home, and 28 percent in their own home. At that time, over one million employed mothers had infants.

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* While this, and three previous Census studies, represent the only extensive look at where children are cared for, and who is caring for them, it is important to point out the limitations of the findings. This survey covered only the child care arrangements made by employed mothers for their youngest child under five years old. Little remains known about the child care arrangements of families with more than one child. (See also page vii in Introduction.)

This limited survey, conducted by the United States Bureau of the Census, found that white collar families, and families with incomes over $25,000, tend to use out-of-home care by nonrelatives (either family day care, babysitters, or group center care) to a greater extent than do lower income, or blue-collar families.

In addition, the survey shows that 17 percent of employed mothers (ages 18-44) used a "child care package," (more than one type of child care arrangement) for their youngest child under five years.(219) Women are more likely to use multiple types of child care when their youngest child is three or four, rather than when the child is under one year of age. For those families using multiple arrangements, the most frequently mentioned secondary arrangement used is care in another home by a relative, followed by care in the home of a nonrelative. The Census Bureau reports that these types of care are probably the most flexible, and closest to the child's home.

Barriers to Improving Infant Care

Financial considerations, the need for a continuous income and job security, often impede parents who may want to stay home to care for a newborn. For families who wish to choose infant care outside their own home, escalating costs are a major obstacle.

As the testimony and available research indicate, parents have an extremely difficult time finding the child care they need for their very young children. The major barrier to improving the availability of infant care in both family day care homes and larger group care is the cost of such care for both parents and providers.(11, 47, 64)

Infants require more individual attention than older children; thus, most states require the presence of more adults for infant care than for older children, which increases the cost of such care. Many child care providers would like to include infant care in their programs, but are unable to pay the extra wages required. In the unusual circumstance that a program can afford to have an infant component, it is likely that the cost, which is often over $125 per week, will be beyond the means of most parents.

The director of one Minnesota center, which accepts children from ages six weeks to twelve years, described the changing profile of the parents, and the programmatic changes which have priced certain families out of her program:

> Because of high tuition costs, in 1980 Warm World received a Child Care Facilities Act Grant (CCFA) to provide sliding fee moneys for the infant center. During that time the center operated at capacity with 25 percent being single parent families. However, since the Community Social Service Act block grant meant the demise of CCFA moneys, we frequently operate below the capacity and have no single-parent children in the infant center.(64)

The economic consequences for parents who would choose to care for their infant themselves, especially in the first months, can also be severe. In spite of this, many parents are willing to make financial sacrifices in order to remain at home. One California family decided to forego a second income so that the mother could stay home full time with their infant.(62). A Connecticut family weighed many factors before deciding that the father would give up his job to be a "house-husband." The fact that the mother's job provided better benefits for a family, including doctor's office visits and medication, influenced their choice. As the father reported, "the consequences of any decision involved sacrifice on our part. It was a matter of balancing the pros and cons."(137)

Many parents, however, cannot afford to lose their second (or only) paycheck, and cannot risk losing their job altogether.

The United States is one of the few industrialized countries without a national parental leave policy. As a result many families, who must find care for their infants while they are at work, face added barriers.

Many witnesses recommended paid parental leave policies as a way to improve parental child care choices, regardless of the family's financial situation.(28, 88, 154, 159, 163)

There are three major components to parental leave policies: disability, paid leave and unpaid leave. Following the passage of the 1978 Pregnancy Discrimination Act, companies were required to treat pregnancy and childbirth as any other short-term disability.

Disability is paid leave for biological mothers which covers the time a woman is medically "disabled" by her condition. Length of leave is determined by medical opinion.

A paid leave policy is leave other than disability designed as a benefit to allow working parents to spend a certain amount of time at home with their new baby without loss of income.

Unpaid leave may be offered either alone or in conjunction with one or both of the other leave options. This type of leave used to be offered to mothers only, but is increasingly being offered to both parents and is often referred to as "child care leave," or "personal leave."

A New York organization, Catalyst, has just completed a nationwide survey of the parental leave policies of the "Fortune 1500," the top 1,000 industrial, and 500 financial and service companies in the United States. Three hundred eighty-four of these companies participated in the survey (a 26.3 percent participation rate).

It should be noted that for the purposes of this survey, only parental leave policies (paid or unpaid) having a guarantee of a job upon return to work were included in the survey findings. Catalyst believes that if employees can technically take a "leave," but have no job guarantee, "then in effect they are resigning from the company, with only a possibility of being rehired."(136)

The preliminary findings show that 95 percent of the responding companies (308 companies) have short term disability policies (one to twelve weeks), which are more often partially paid than fully paid. Of those companies, 63 percent reported disability leaves of between five and eight weeks.

Of the companies offering the option of paid leave, most offer it through the use of accrued vacation time, rather than through a specific parental leave policy. A few companies, however, do have paid parental leave: 25 companies surveyed offer paid leave to women, and nine offer it to men.

Over half of the responding companies offer unpaid leave to women, and over a third offer it to men. There appears to have been a sharp increase recently in the number of companies offering unpaid leave to new fathers. A 1980 survey found only 8.6 percent of companies reported "paternity benefits."

Roughly two-thirds (117 companies) of the companies offering unpaid leave grant female employees one week to three months off. Time granted to men is not significantly shorter.

The survey also reveals that, although men are increasingly covered by official leave policy, only a small number actually take advantage of this opportunity. In addition, the study found few differences in policy or practice concerning managerial and nonmanagerial women, and that these two groups tend to take approximately the same amount of leave, with both groups returning to work on average within three months of childbirth. Over 45 percent of the companies reported that the average leave taken by their female employees is three to eight weeks.(136)

Effects of Infant Care

The recent very rapid increase in the labor force participation of mothers with infants has heightened the Committee's concern about the impact of out-of-home care on the emotional development of these infants. As a result of our deep concern, the Committee gathered extensive testimony regarding the research findings in this area. With regard to whether the emotional effects of out-of-home care on infants are adverse, research findings are mixed and not definitive. As a result we urge caution.

All researchers do agree, however, that, for infants as for other children, the quality of care, whether in- or out-of-home, is the most important factor. High quality care not only has no known adverse effects on the intellectual and social functioning of young children in out-of-home care, but for low income children, in particular, it may have beneficial effects.

Concern was raised by some witnesses about the effect of out-of-home care, particularly on infants.(93, 108). There is not a great deal of literature on this subject, and several researchers cautioned the Committee about the studies' limitations.(108, 173, 203) Both "day care" settings and "home" settings are quite variable. Most of the research provides findings about short-term rather than long-term effects of out-of-home care. Much of the research has focused on children in high quality, center-based care, usually located at universities. And it is often difficult to differentiate entirely the effects of other factors which may influence the child. In addition, very little of the research differentiates between infants, toddlers and preschool age children.

The question of whether there were differences between informal and more formal out-of-home care was addressed by the Deputy Assistant Secretary for Social Services Policy at the Department of Health and Human Services, who told the Committee, "there is no clear evidence that center care is better than informal child care arrangements (care in the child's home or in someone else's home). In fact, there is some evidence (The National Infant Care Study) that informal care is better for infants than formal center care."(16) Another witness, however, who has done an extensive review of the literature on the effect of care on infants, found the "research shows that variations in the quality of care within a particular type of setting are more important than the type of setting itself."(222)

Although research studies which have found differences between home reared and out-of-home reared children with regard to emotional development are the exception rather than the rule, some researchers urge a cautious approach.(88, 93, 173)

The caution derives from two concerns: "that familial stress may be implicated in the fact that out-of-home care has more powerful effects on some parent-child attachments than others"(173; also see 88); and the appropriateness and interpretation of the particular measures that have been used to assess mother-child attachment.(108, 187)

Researchers appearing before the Committee agreed that there is no adverse effect of out-of-home care -- whether center-based or in family day care homes -- on children's intellectual functioning.(28, 88, 93, 108) Some research also shows the beneficial effects of child care during both infant and preschool years, particularly in the case of low-income children.(93, 187, 203)

Parents have testified that child care has had a positive effect on the socialization of their children.(25, 78, 104) Studies confirm that children in day care are more likely to engage in social interactions with others than are their home reared counterparts, although the interactions may be positive or negative.(48, 93, 108)

As one researcher noted, "like care in the family, all day care is not alike."(108) All the experts testifying on this subject agreed that the nature of the care and caregiver in whatever setting are the salient factors affecting the child.(28, 47, 48, 88, 93, 108, 119, 130, 178, 187, 218, 222) In fact, group size, caregiver/child ratios, and caregiver training were consistently identified as key factors affecting the child in care.(47, 48, 93, 108, 130, 178, 203, 218, 222)

For infants, small group size, trained caregivers, and health and sanitation precautions are especially important.

Chapter 2: Care of Preschool Children

Need

In 1980, there were 19.6 million children under six, and 8.7 million of them had working mothers. By 1990, there will be 23 million children under six, and 12 million will have working mothers.

Historically, care for preschoolers on a large scale began under the federal Lanham Act of 1942, enacted to facilitate the entry of women into industry during World War II. The Lanham Act funded thousands of day care centers for preschool children of working mothers:

> Drawing upon the tradition and methods of nursery schools and kindergartens, these Day Care Centers provided supervision and child rearing for preschool children of working mothers. They provided a safe and educationally sound environment for young children; they provided health care and nutrition, mentally stimulating activities, opportunities for socialization and all-day contact with a caring adult; but above all, they provided both the parent and child with the sense of security in a difficult period in family life.(21)

The full scope of the need for preschool care is not known, but a 38 percent increase in the number of preschoolers with working mothers is projected by the end of the decade.(201) Although preschoolers' child care needs are currently more adequately addressed than others, several witnesses testifed that even now, full-day care for preschoolers is still insufficiently available in many communities.(8, 21, 29, 88) For example, a nonprofit child care center in Reno, Nevada, serves preschoolers of low income families, but maintains a waiting list averaging 180 children.(34)

Current Arrangements

Available out-of-home care, whether in family day care homes, centers or early childhood education programs, is primarily geared to preschoolers. If current patterns of cost and availability continue, however, there is some evidence that supply will not keep pace with demand, especially for families most in need.

There are no up-to-date national data describing how preschoolers are currently served or what programs are available to help families meet the current and growing need.(29) According to recent studies piecing together different data sources, the primary type of care for preschoolers is group care, usually provided in a program which also has an educational component.(29) In a June, 1982 survey of working mothers, 36 percent of mothers working full time principally used care by a relative either in their own home or in another home for their three and four year olds. Thirty-two percent of those working full time principally utilized day care centers and nursery schools for their three and four year olds, while another 18 percent had their children cared for by a nonrelative in another home.(219)

"More than 70 percent of the children...(three to five year olds), with working mothers, are in a group program for at least part of the day. For the five year olds, this usually means kindergarten, usually public, and usually part day. For three and four year olds, it may mean a nursery or prekindergarten program, also part day, but in this case overwhelmingly private."(29) A national organization of proprietary day care center operators testified that all of their 300 member companies (some which operate hundreds of centers nationwide) enroll children between the ages of three and five years.(117) All but two centers in Detroit, Michigan, serve children two and one-half to six years of age; in fact, the majority serves only this age group.(75)

Multiple forms of care are generally necessary for preschoolers because many programs run for only part of each day and the majority of working parents work full days.(29) The Committee heard a great deal about the variety of child care arrangements required and made by working parents of preschool-aged children. The type of care utilized by parents of preschoolers spans the entire range of out-of-home care, including family day care in the home of an unrelated caregiver, care provided by relatives, preschool programs, and center-based care.

Preschool programs which are educational in nature are increasing in popularity and use among parents who see them as important early experiences for their children, whether or not mothers work. Enrollment in nursery schools has doubled since 1970, and the proportion of the age group attending nursery schools has grown even more.(29)

There is growing interest in examining the use of public schools in meeting the child care needs of younger children.(154) Such partnership between the federal government, and state and local education authorities, which retain the lead responsibility for education policy, could be an important resource in increasing the availability of child care in local communities.(163) As one witness said:

> The early formative years for a child are those on which the foundation for the remainder of his or her academic achievement rests. It is therefore fitting that the lotal public schools which are generally neighborhood-oriented be utilized for programs in child development, child care and special education.(142)

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Obviously, much study is needed before implementing such an effort. As one witness testified, demonstration projects are needed to evaluate school-based child care programs with regard to parental involvement, curriculum development, credentialing of child care staff, and assuring sensitivity for diverse cultures and family structures.(163) The program's impact on the existing child care market, as well as the need to supplement child care programs ending in mid-afternoon, must also be evaluated.(154)

Currently, 22 states mandate kindergarten; in the 28 others, kindergarten is voluntary. While many states have some districts which provide and pay for full-day kindergarten, part-day kindergarten programs are still the rule. Several states have begun to explore expanding part-day programs to full-day, and lowering the age of the children served to include four year olds:

Texas	This summer, the legislature passed a bill mandating most school districts (based on a percentage of children eligible for free and reduced price lunch) to offer a half-day preschool program for four year olds.
Maryland	The state legislature has placed a bill on "summer study" which would mandate a statewide preschool program for four year olds, while the Baltimore Superintendent of Schools plans to move the school entry level down from five to four and the exit age down to 17.
South Carolina and Vermont	The governors of each state have proposed a preschool program for four year olds.

Michigan This fall, Detroit will be instituting an all-day kindergarten program using federal compensatory education funds.

New York Last fall, New York City offered parents the option of a kindergarten program open until three o'clock. This fall, it is planning to add a model after-school component to several of the kindergarten programs.(163)

Federally-supported Head Start programs are also important components of the service system for preschool children, "but space is inadequate to meet the needs of those who qualify."(29) Head Start provides a multiservice program of educational, social, medical and nutritional services to low-income preschool children. In 1982, this program served 390,000 children.(221) It is estimated that only 18 percent of those who are eligible are served.

One witness drew a distinction between Head Start and day care:

> Let us not mistake Head Start and day care. The Head Start quality is very high and probably not necessary for much of the child care need.(88)

Barriers to Preschool Care

Many parents with preschool children express a preference for center-based care, regardless of whether both parents, or the only parent, is working. Many other families would prefer to have one parent remain at home to care for their youngest child. In either case, families face major obstacles in finding child care arrangements which meet their needs.

Family day care home users, surveyed for the National Day Care Home Study (NDCHS), indicated that even though center-based care was more expensive, they would place their children over age three in centers if they could afford it.(104) In several surveys of black families, strong preference for center-based care for preschool children is repeatedly expressed, because of the educational component.(104, 127)

Of the parents using family day care (in the National Day Care Home Study), 41 percent reported that at the time they were making their choices, they seriously contemplated arrangements including center-based care but had rejected them. The most frequent reasons cited were that the child was too young for a large group of children, that center care was too expensive, or that there were no slots available.(127)

More three to five year olds are now attending preschool programs, but there seems to be a growing divergence in child care patterns by family income and educational levels of parents. One expert cautioned that this may mark the emergence of a "dual system of child care in which children of affluent and well-educated parents attend preschool programs -- whether or not their parents work -- and children of low income families use more informal care."(29)

Affordability of care for preschool children is an issue regardless of setting, provider, or type of care arrangement. Full-day care is expensive, often prohibitively so for the care of more than one child. A sampling of fees in several states shows child care costs for preschool children range from $45 per week on the low end to more than $75 per week on the high end.(29) According to testimony from the Children's Defense Fund, the cost of caring for preschoolers in group or center care ranges from $2,200-$3,200 per year, and in family day care from $1,200-$2,200 per year. According to the United States Department of Agriculture, the "low cost" estimate for raising a two to three year old child without including child care costs exceeds $3,000 per year.

A sliding fee scale, which takes into account a parent's ability to pay, makes day care possible for low-income working families.(171, 179, 198, 200) While a single, flat fee is clearly easier to administer, it often means that low-income families are excluded from many day care programs, resulting in economically segregated programs.(179) One child care center in Fort Collins, Colorado, provides a sliding fee and serves a large number of single-parent families. They report that "if some kind of sliding scale assistance were not available to help with day care costs, they might be forced into complete dependency on welfare."(200) The Committee visited another program, Leila Day Nursery, in New Haven, Connecticut, which also provides a sliding fee scale. Despite the rising cost of the program, they have been able to successfully maintain a healthy mix of families from all economic backgrounds.

Affordability of child care has obviously affected the kind of employment people accept, and the hours they choose to work. One researcher found that fathers in dual earner families with preschool-aged children, where the wife was employed as a shift worker, tended to provide care for their children more often. Each spouse took care of the children when the other worked. This research also showed that, in the absence of "satisfactory care arrangements," about one-fifth of mothers of preschool children were not in the labor force and one-fourth of those employed part-time indicated they had been forced to reduce their work hours because of child care problems.(156)

Making choices about work arrangements and child care is often complicated and difficult. A single parent in Connecticut, working as a nurse's aide on an evening shift, described her efforts to find child care for her five year old son. After trying a variety of options, she eventually arranged to change to the night shift but not before experiencing many problems. Before changing shifts, she was "always late" waiting for babysitters who "didn't show" and then I would try to make emergency arrangements with relatives or friends -- "sometimes friends she didn't even trust." She had to give up her apartment and move back with her mother for some time. She told the Committee that her life now is much easier, "even though I would have preferred not to make the switch. I can spend more time with my son, and now we're both happy."(101)

A significant number of mothers remain at home to care for their children. Several witnesses described the difficulties they have encountered and have suggested that additional incentives be offered to make the choice of staying at home more attractive.(5, 40, 79) A mother in Texas described the financial sacrifices made by her family so that she could stay at home. She also explained other problems faced by mothers who are self-employed at home:

> (One) at-home mother practices freelance writing. Office space in her home cannot be deducted from her taxes unless she makes a profit. Yet, she has to pay taxes on any amount of income from articles sold.... Another mother who has chosen to stay at home with her three boys is an attorney by profession. In her home, she works part-time on a Family Law newsletter, reading and summarizing cases to keep practicing attorneys informed of current litigation changes. If she died, the social security that she pays would not be able to be collected by her sons, since they would be able to collect only from the main provider of the family, their father.(79)

One witness argued:

> Many of the women (with) children under the age of five would prefer full-time child raising work to paid employment outside the home. To date, policy has not responded to this preference. Many families would be willing to sacrifice a second salary if they could. Policy has only offered assistance to those families that are forced out of the traditional child raising mode.... Our policy tells them that the significant assistance of the (dependent care) tax credit will be theirs only if they enter the labor force, leaving what to them is their more important work at home.(126)

Effects of Preschool Care

Over the years there has been much discussion and debate on the effects of child care outside the home. Among current researchers there is general agreement that it is the quality of the care provided which determines the effect on children, and that high quality care has no known adverse impact on them. Educationally-enriched child care has proven beneficial for some children.

There is no one kind of child care that is suitable for all children, nor are all children going to respond uniformly to the same kind of care. As one prominent researcher testified:

> It is important to appreciate that there is no generally effective day care for all children. Parents must realize that whether day care will be helpful or not depends on their own values and their children's temperament and abilities. This is the most important generalization emerging from the research on child care.(178)

Most child care experts now agree that preschoolers who receive child care suffer no known immediate ill effects on their intellectual or social functioning.(29, 88, 178) According to one researcher:

> ...neither maternal employment nor out of home child care is a condition that in and of itself, is harmful to children. What is important, however, especially for very young children, is how they are cared for during the day, while both parents or their sole parent is at work.(29)

In fact, what now seems clear to most researchers is that preschoolers, children aged three to five years old, get something positive out of being in larger groups and having a structured educational program for at least part of the day.(203)

One prominent researcher reported, "after twenty years of research on home versus day care, we have found no reliable differences between children in quality day care and those at home with mothers."(203) Research on the benefits of preschool was conducted in a large-scale study in Bermuda. This study revealed that three and four year olds in average centers were developing better skills than children from comparable families in day care homes or their own homes where fewer educational opportunities were available and there were fewer children their own age to play with.(187, 203)

There are many examples of how preschool-aged children, and their parents can benefit from preschool experiences. Evidence exists which indicates that day care, both during the infant and preschool years, is beneficial, particularly in the case of children from economically disadvantaged households.(93) The longitudinal evaluation of the High/Scope Perry Preschool Project shows significant short- and long-term academic benefits for the low-income children who participated in this preschool program, as opposed to those who did not.(139) The program studied used a Head Start model with an educational component.(75) In addition, experts indicate that preschool children participating in child care are more skilled in social interaction using both positive and negative strategies.(93, 222)

A ten year longitudinal study at the University of North Carolina also has shown that developmentally enriched day care for children from low-income families helped these children adapt better to school and the children had higher I.Q. scores than they would have if no early intervention had been available.(203)

Chapter 3: Care of School-Aged Children

Need

An estimated two to seven million school-aged children are left alone after three p.m. each day. While some can manage independently, too many face frightening, lonely, or unsafe periods alone during the school year, on school holidays, and during summer vacations. The potential number of children in these circumstances is increasing, while any significant response to the situation is not.

There has always been a need for child care before and after school, as well as during school vacations and holidays. Traditionally, however, after-school care was provided by nearby members of the extended family. High rates of mobility have greatly reduced the chances that there will be a family member available to babysit.(75)

Over 11 million mothers with children between the ages of six and 18 are in the labor force. Nearly 75 percent of mothers with children aged six to 18 are expected to be in the labor force by 1990, up from about 66 percent in 1970. And, by 1990, there will be a ten percent growth in the number of six to nine year olds, bringing the total to nearly 15 million children.

In recent years, the proportion of children living in single-parent families has been growing more rapidly in the six to nine age group than in the under six group. The number of six to nine year olds in single-parent families is expected to reach 4.1 million by 1990.

Currently, estimates on the number of school-aged children left alone after school range from two to seven million children.(28, 88, 133, 163) There are no comprehensive data on children in self-care: those children who return home after school to an empty house, or who wander about neighborhoods or shopping malls.(121, 133) They are frequently referred to as "latchkey" children because they carry their own house key. Latchkey children are vulnerable to many hazards, including fires, sexual abuse, loneliness and great apprehension.(22, 88, 133, 167) There is also the risk that unsupervised children will become bored and face pressures to grow up too rapidly, experiment with drugs and alcohol, and watch too much television.(20, 53)

The Committee learned the extent of the "latchkey" problem in every region of the county.

California A recent statewide study estimated the numbers of latchkey children to be between 620,000 and 815,000.(163)

A study of children ages 11 and 12 in Oakland, found that no adult was at home to be with sixth graders after school in 30 percent of one-parent, and 23 percent of two-parent families. Fifty-one percent said they often feel bored and do not know what to do after school, 82 percent said they watch television because they have nothing else to do, and 81 percent said they would like to spend more time with their parents.(121)

Maryland A very recent report on children in self-care in suburban Montgomery County showed that over one-third of the county's nine to 11 year olds, and approximately three-quarters of 12 to 13 year olds, are in self care or with a young sibling more than ten hours a week.(121)

New York A state study conducted in 1982-83 revealed that 79 percent of the 63,674 families responding expressed a need for an after-school program.(163)

Maine A survey of child care in Maine revealed that close to 25,000 children ages six through 12 spend an average of more than four hours caring for themselves during a typical week.(160)

For thousands of latchkey children, reliable after-school routines and support systems are not present. Many of these children spend their time after school, and before the arrival of their working parent, alone and afraid to leave the house. Others wander aimlessly through their neighborhood or loiter at local malls, parks or street corners. Some spend time at home with their peers unsupervised, often with disastrous results. For example:

> The Federal Bureau of Investigation Uniform Crime Reports for the United States (1981) showed that more than 25,000 children under the age of ten were arrested for participation in serious crimes, including theft, vandalism, and crimes of violence.(133)
>
> In Oakland, California, 60 percent of the fires intentionally set were lit by children. The vast majority occurred between the close of the school day and the return home of the parents.(4)

For many children, staying at home alone after school can be a frightening experience. Several children who cared for themselves after school described their experiences for the Committee. A ten year old girl whose family can no longer afford child care said:

> Some things scare me when I'm alone, like the wind, the door creaking and the sky getting dark fast. This may not seem scary to you, but it is to young people who are alone.
>
> I don't have any girls on my block and I miss playing with the children at my child care. At child care we would have magic circles and talk about things that were happening at school or at child care or in the world. I miss those talks.
>
> If I got in trouble in school, I could talk to Vera when I got to child care. Now I have to wait until my Mommy gets home.(69)

A sixth grade boy who has spent the last three years as a latchkey child added:

> When I'm alone, I do what I have to first; then I watch T.V., talk on the phone, or listen to the radio or records. Sometimes I get lonely when there is nothing to do or it is raining. I get scared when our neighbor's alarm goes off because I am afraid that there is a robber nearby, but most of the time it is just the wind blowing the door open.... One day my friend and I were making something to eat and he cut his finger. I stayed calm and got a wet paper towel. If a grownup had been around it would have been O.K.(18)

One witness described the impact that the lack of after-school care has on working families:

> Now we give them (latchkey children) a key to let themselves in the house where they may or may not be when the parent comes home. In the meantime, office telephones ring off the wall at 3:00 p.m. and productivity goes down as parents help ground their children in activities until they get home.(8)

Current Arrangements

We know less about the child care arrangements of school-aged children than any other group in need of child care services. Public schools and community organizations are responding, but the question remains -- how and where are most latchkey children being cared for?

School-aged children are cared for in a broad variety of ways: they are cared for by friends, neighbors, and relatives, and they care for themselves. They use libraries, parks, and playgrounds, recreation programs, church programs, and school sponsored programs.(133)

Despite the acknowledged need that parents with school-aged children have, in many communities specialized after-school programs are almost nonexistent.(29) Between 1979-80, the School-Age Child Care Project identified 171 programs for school-aged children nationwide. At that time, partnerships between social service, child care and community organizations, groups of parents and public schools were beginning to be forged.(133)

Today, more numerous programs for school-aged children exist (such as those provided by the Girls and Boys Clubs, Scout groups, Campfire, YMCA and YWCA, and other voluntary youth organizations), but only slightly more than 100 of the 15,000 public school systems nationwide presently provide some sort of child care during before- and after-school hours.(97) Even when programs are provided by nonprofit organizations in collaboration with the public schools, few school districts have a before- and after-school program.

Family day care homes also serve school-aged children, even if only to serve as a check-in point for children returning to the neighborhood after school. The National Day Care Home Study, conducted in three cities between 1976-80, found that family day care represented the most "prevalent mode of care for the 1.5 million school children between six and 13, whose parents work."(127)

Barriers to Before- and After-School Care

The potential number of latchkey children is increasing, as is the concern for their well-being. There remain, however, very few attractive choices for families in need of care for school-aged children.

School-based programs for school-aged children are generally either partnerships between the schools and another organization, or are administered completely by the schools. In either case, parents are usually charged a fee, and it can be prohibitive.

Other major barriers to involving schools in before- and after-school care are resistant community attitudes, administrative problems, and the absence or inadequacy of school policy.(133) There remains a great deal of confusion over what the school's role should be. Some school personnel believe that it is not the school's responsibility to offer this "social service."(133)

One example of the difficulty in using school facilities was given by an eleven year old from Baltimore:

> I think it would be fun to have an after school program with a lot of things to do. My mother tried to organize a basketball team after school but the

physical education teacher said the gym was not available.(18)

Services are especially limited for children aged 11-14 who might desire, or have parents who would prefer, some type of organized after-school supervision. Moreover, as a result of the competition for scarce Title XX dollars for low-income children, some states have directed funds away from before- and after-school care and towards existing programs for younger children.(163)

Even when an after-school program opens in a neighborhood, the cost of care again can be an issue for many families, especially if a sliding scale for determination of appropriate fees is not used. While the cost of these services is generally less than for other types of care ($15 to $40 per week per child), for lower income and lower middle income families the cost is perceived as an extra expense. Fewer Title XX funds are presently used to help pay for school-aged care than in 1981 because of the competing demand to pay for the care of younger children.(163)

Transportation to an after-school program also presents a problem for many families with school-aged children. Some school districts have had to eliminate transportation to child care programs.(63) In Marin County, California, a suburban, generally well-to-do community, bus transportation has been completely discontinued. Child care centers have been obliged to provide this extra service.(63) The closure of under-enrolled schools with child care programs has complicated after-school care in Montgomery County, Maryland. It has taken a joint effort between the County Executive, the County Council and the public schools to transport children to their after-school programs. However, this has raised the cost of running such programs.(87)

School-aged children also face difficulties participating in other types of after-school activities. For suburban and rural adolescents, the absence of public transportation increases their isolation, often putting libraries, churches, synagogues and recreation centers beyond their reach. The shopping mall has become "the new de facto community center for the youth of America."(121) In addition, a 1982 study found that fiscal pressures on municipalities have resulted in "declining commitments to child-oriented out-of-school services and facilities."(121)

Effects of Care for School-Aged Children

School-aged children with working parents can receive both supervision and enrichment through after-school programs.

Adequate after-school care can relieve the distress and loneliness of children who must stay by themselves after school. Such programs provide supervision, offer companionship and provide additional educational activities.(26, 43, 52, 69) Studies have shown that children attending after-school programs show marked academic improvements and increased self-esteem.(133) Several witnesses mentioned that with the dramatic increase in single female-headed households, it is beneficial to have male role models for children in after-school and other day care programs.(4, 53, 133)

In addition, reliable child care can be a relief to working parents who worry about their untended children. It can also reduce work/family conflicts that sometimes occur with latchkey children. And in the most extreme cases, incidents of juvenile crime, sexual abuse of a child left home alone, and accidental injury may be prevented.(133)

Chapter 4: Child Care, Affordability, and Employment

Parental employability is influenced by the unavailability of safe and affordable child care. In the case of low-income parents, high child care costs can be a major barrier to employment.

Parents who wish to find safe, affordable out-of-home care, and are successful, have obviously enhanced their ability to find and keep a job. Similarly, for parents who cannot find such care, the chances of finding and keeping a job are diminished. For low-income or single parents who must work to provide for their children, the unavailability or unaffordability of care is a special problem and a barrier to family self-sufficiency. These barriers discourage people from looking for work, or from working full time, even when that is their preference.

A survey taken by the Maine Child Care Task Force in 1983 made clear the connection between child care and employment.

In Maine, more than two-thirds of those who make care decisions for their children work or are looking for work. Nearly 20 percent of the working parents said they would work more hours if adequate affordable child care were available. More than 25 percent of nonworking parents said they would work if such care were available. The survey also found that in nearly 25 percent of all households with young children, one or more adults were forced to relinquish a job, or were unable to take a job, or were unable to continue training or education because of lack of child care.(160)

National data reflect similar patterns. A 1982 Census report indicated that 36 percent of women with their youngest child under age five in families with incomes under $15,000 would look for work if child care were available at a reasonable cost. Of the single mothers surveyed at that time, 45 percent indicated that an unmet need for child care kept them from working. Such a constraint is understandable, since it is estimated that families earning less than the Bureau of Labor Statistics Intermediate Budget* cannot pay more than five percent of their income for child care.(48) The average cost for family day care for a three to five year old ranges between $1,200-$2,200 per year. A group home or center is $2,200-$3,200.(73)

One witness, however, looking at other evidence concluded:

> There is no clear evidence to support the notion that the lack of child care prevents women, especially welfare mothers, from working who otherwise would do so. There is also no clear evidence that there is a shortage of affordable child care.(16)

Many other witnesses pointed out the extent to which child care can assist low-income families to achieve economic self-sufficiency, and described how the costs of child care can make job hunting, or remaining in a training or educational program, very difficult.(33, 73, 97, 113, 134, 138, 190)

This is a significant problem. More than 13 million American children live in poverty -- 22 percent of all children. Their families, whether single- or two-parent, obviously do not have much disposable income to spend on child care and have the greatest need for employment.

States have also brought to the Committee their findings on the connections between child care and employability:

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* $25,407 for a family of four in 1981.

Utah A task force on integrating women into the workforce conducted a study of women and children in poverty and found that the cost of child care was the greatest barrier to single female heads of households becoming economically self-sufficient.(8)

Texas A survey conducted in San Antonio of low-income women (85 percent were unemployed and 50 percent were single mothers) found that for nearly 58 percent, lack of child care was a primary reason for not working outside the home.(56)

Michigan A recent study of the Michigan Department of Social Services compared the employment records of two groups of Aid to Families with Dependent Children (AFDC) parents. It was found that AFDC parents with children aged six and under who had child care services provided were more successful at getting jobs and getting off welfare than those with children aged six and over. "It appears that having child care available may have a positive impact on reducing the need for welfare services."(81)

Chapter 5: Child Care for Families With Special Needs

There are several groups of families who have special difficulty in finding and affording child care. In some cases, temporary circumstances have intensified the need, as in the case of teen parents. For others, like migrant and Native American families, the difficulties are less temporary.

Teen Parents

Each year, over one-half million babies are born to teenagers. Without child care support, these young mothers are often unable to complete their education, receive job training, or obtain a job. Too often, the alternative becomes welfare dependency.

Each year 600,000 babies are born to teenagers. Of these 600,000 teen mothers, 48 percent are unwed(164) and almost 50 percent have not completed high school.(163) As one expert witness stated:

> Early childbearing is a risk condition for reduced educational attainment for young women.... The relationship between educational attainment and economic well-being is strong, and there is consequently a significant association between early motherhood and later economic distress. Women who begin childbearing as teenagers have increased welfare dependency. Teen parenthood is also strongly correlated with marital disruption and subsequent single parenthood, thus further intensifying the need for child care in order to become economically self-sufficient.(165)

Other witnesses confirmed the correlation between early childbearing, decreased educational attainment, and increased welfare dependency.(73, 75, 129, 163, 189, 217) We learned, for example, that more than 50 percent of the 1981 AFDC budget was spent on families begun when the mother was a teen, and that families headed by young mothers are seven times more likely to be living below the poverty line than other families.(165)

Teenage mothers confront the same obstacles of high costs, and the lack of available and accessible child care services that many families face; yet because of their generally lower educational and occupational attainments, these barriers loom significantly larger, prohibiting many from achieving economic self-sufficiency.

Without access to safe and affordable child care, young mothers face considerably greater difficulty in completing their education, getting job training, or finding a job.(165, 189) Yet there remain very substantial barriers to teenagers in need of child care.

The concern is that these barriers severely limit their chances to be economically self-sufficient. They face constraints that all parents face -- principally affordability and accessibility -- which are compounded by the lower incomes and unmet educational needs of young mothers. One nationwide survey of 125 large cities in 1978 indicated that the most significant unmet needs for teenage mothers and their babies were facilities, funds, and staff to provide for infant care.(163)

A witness explained the problems a teenager faces attempting to return to school:

> Jane Anderson had a baby in the fall of her senior year in high school. She earned her high school diploma by attending special classes for adolescent parents that included a nursery for the babies. Jane married the baby's father but it did not work and Jane left home with her child.

> After a year of dependence on AFDC Jane decided to go to a school so she could eventually support her child and herself. In May she applied for an educational grant and got on the waiting list for child care assistance so she could go to school in September. When she checked on child care assistance in August she was told that funds were still not available. In November a staff member called Jane and told her funds were available. Jane reported that she had forfeited her educational grants because she could not pay for child care herself.(73)

The severe shortage of school-based child care programs also inhibits many teenagers from completing their education. Even of those schools offering child care programs, many limit support to the semester immediately after the delivery, leaving mothers to cope with finding new child care arrangements within a few months of their return to school.(163)

By reducing the chance of a repeat pregnancy, providing the child with important developmental experiences, and allowing the mother a chance to become self-supporting, child care can benefit a teen mother, her child, and society.

As one witness reported:

> Child care is a critical form of support for single and teen parents when the grandparents are working and unavailable to help. It helps the teen or single parent to be or become self-supporting by allowing them to go to work or to school.(75; also see 73)

In addition to aiding teenagers in finishing their education or in obtaining a job, child care provides other important benefits. Babies born to teens are at higher risk of having handicapping conditions:

> Child care may make a critical difference in their ability to overcome some of these conditions and face a more productive future. It can also offer inexperienced adolescent mothers basic skills in parenting and coping.(163)

Also, one study of teenage mothers suggested that those who did not have regular child care arrangements were most likely to become pregnant again, further complicating and intensifying their economic problems.(113)

Migrant, Native American, and Hispanic Families

Large numbers of migrant, Hispanic, and Native American families are statistically at greater risk of poor health, low educational attainment and poverty. The availability of affordable child care can assist these families in overcoming some of the negative developmental effects of poverty and poor health on children, and allow the parents to become economically self-sufficient.

Hispanics are one of the fastest growing groups in America. (182) In the last ten years the Mexican-American population has increased 93 percent, and the birth rate for Hispanics generally is nearly double that of whites.(56) Twenty-three percent of the births are to unmarried women, and 51 percent are to women who have not completed high school.(182) Each condition places these children at substantially higher risk of growing up in educationally and economically disadvantaged environments.

Conservatively estimated, there are over one million Native Americans. As a population, they are among the poorest in the nation. They have the highest rates of alcoholism, infant mortality, and teen suicide. One county in Montana has a 79 percent unemployment rate and a 55 percent high school dropout rate among the Native American population.(208) There is a large unmet need for child care centers and after-school child care for Native Americans. According to one witness, over one-half of the Native American parents in Arizona using child care services use day care home facilities; 15 percent use center-based care. "There are very few day care centers that are located in areas that are accessible to minority people. At the present time we are seeing that there are 500 individuals who are in need of this particular service."(216)

In California alone, there are an estimated 287,000 migrant children eligible for subsidized child care services. Only 2,880 are currently being served through subsidized center-based care. Of these 287,000 children, 95,000 are "at-risk" -- left alone or in the care of other young children for an average of 43 hours per week. It is estimated that 2,600 children under three years of age "are left alone in cars, boxes at the ends of rows in the fields, or nearby tents; and one-fourth of the deaths of children under 14 are caused by drowning in irrigation ditches and canals."(38)

Approximately 200,000 migrant workers arrive in Florida each year between October and May, each with an average family size of 4.7 people. According to the Secretary of the State Department of Health and Rehabilitative Services, "we are barely scratching the surface of need presented by this mobile population. The greatest need is day care."(196)

Redlands Christian Migrant Association in Florida operates 32 day care centers serving 2,500 children, and maintains a waiting list of 800 children.(196) Migrant child care programs in Nevada serve only a portion of the eligible children.(22)

Although people working with migrant, Hispanic, and Native American families speak of the pressing need for child care for these populations, no nationwide data exist documenting the current child care arrangements of these groups.

Language barriers aggravate the already difficult child care situation of many migrant and Hispanic families. In addition, shortages of facilities, lack of support programs, high costs, and geographic isolation make finding out-of-home care for these families more problematic.

Migrant, Hispanic, and Native American families confront numerous obstacles in arranging for child care for their children. As with most families, the cost of care is a primary barrier for each of these groups. This is aggravated by their generally lower economic status, and the shortage of child care programs and facilities. The lack of available transportation makes many child care centers, particularly those outside migrant camps, geographically inaccessible.(38, 55, 216) Language barriers can exclude some families from access to child care services. In particular, information and referral services that do not provide information in the families' native language discourage, if not exclude, these families from seeking information and services.(147)

Migrant workers face additional obstacles. Since the majority of care is needed for less than seven months a year (from October to May), it is often difficult for providers to find facilities to rent or lease. When buildings can be found, the rent is usually extremely high because of the part-year use factor, thus increasing the cost of care.(38)

Barriers also exist for migrant families attempting to obtain child care services through the federal Migrant Child Care Program. A California witness described some of the problems:

> In order for a child to be eligible for a federal Migrant Child Care Program, the child must have moved with his family within the last five years. In fact, agencies are finding that the younger children in farm

> labor families have not been part of the migration and have been born in the local agricultural community. This requirement prevents programs from serving the youngest children in farm labor families and negates the major intent of the Migrant Child Care Program. The major intent is to provide child care for younger children so that school age children can attend school.(7)

While providing children with a safe and enriching environment, child care providers can help these families negotiate the complexities of a new culture and aid them in exploring various community resources and services.

In addition to allowing parents to attend training programs and schools or to obtain employment, child care can provide important supportive relationships, developmental and educational assistance, and health and nutritional support to children. Also, providers can function as "cultural brokers" to the children of migrant families by linking them with community services and resources.(38) Because of the high risk nature of these populations, supportive services offered early in the lives of these children may provide beneficial results to the children, their families, and society.(182)

Families with Chronically Ill or Disabled Children

Millions of disabled and chronically ill children and their families compete for limited child care services.

There are approximately 500,000 American children under the age of six with disabilities. There are another 4.1 million disabled school-aged children.(104, 148) One witness estimated the number to be much higher: "Of the current estimated 36 million disabled people in the United States, at least nine million are children."(3) Estimates vary greatly depending on the definitions of disability.

In addition, it is estimated that one million children have severe chronic illness and their number is increasing as medical and technological advances better control the progression of these illnesses, allowing children to live longer.(51) A director of a respite service for chronically-ill children in California wrote: "Death may come at one month or twenty years. The impact on a family without available child care during a chronic or terminal illness keeps a family in constant turmoil."(51)

"The lack of national data on the child care needs of handicapped children and their families and the availability of services make it difficult to evaluate the extent to which the needs of this group are being met."(133) The California Advisory Committee on Child Development Programs prepared a report that highlights some of the need for child care services in that state. Eight percent of the kindergarten through twelth grade student population receive special education services, while only four percent of the children who receive subsidized child care services in the state are disabled.(3)

Legislative efforts may have opened the door for educational opportunities for handicapped children, but, with limited dollars, there are still inadequate recreational activities and family supports for this group.

Numerous state and federal legislative efforts have resulted in the passage of legislation to insure that disabled children have access to educational and other support services. On the federal level, The Education for All Handicapped Children's Act (P.L. 94-142), enacted in 1975, mandates access to an appropriate education in the least restrictive environment for children with handicapping conditions aged six through age 18. Services for handicapped preschool children ages three to five are not mandated but highly recommended.

Knowing the merits of early intervention, 17 states now mandate services for all disabled three to five year olds and another 21 mandate services for some portion of this population.(220) Services might range from part-day educationally oriented preschool or early intervention programs to provision of support services, such as speech or physical therapy, to children in Head Start.

Funding constraints, however, have limited the "special" services that are available, and have focused the energies of parents, advocates, and school districts on directing available funds solely toward education and support services offered school-aged children during the regular school day.(133)

As a result, child care services are not really available for disabled children. For example, the School Age Child Care Project interviewed 122 after-school programs. Ninety-five said they do admit children with disabilities but only on an occasional basis. Twenty programs said they admit children with special needs, but it was apparent to the interviewers that only children with learning disabilities or slight physical disabilities were participating.(133)

Parents of disabled children seeking child care services for temporary respite from full-time supervision or for the opportunity to return to work, still face exclusionary practices and too costly or largely unavailable services.

Additional emotional and financial strain is placed on families who must provide for a disabled child. A second income is often necessary, as families can incur tremendous expenses for medical care and support services.(140, 154, 163) Yet, parents in search of child care services for disabled preschoolers or for school-aged children may find that a child care center will not accept a child with a disability, that they accept only a limited number of children with disabilities, or that the center is totally inaccessible.(3, 37, 70)

Some family day care providers may show more flexibility in accommodating a disabled child.(1, 141) Respite care services which provide temporary care for children with disabilities, in their own homes or in specialized settings, however, are difficult to find.(3)

Children with chronic or life-threatening illness are also often unable to get services that are available to other children. A respite care center director from California wrote:

> In most communities child care is available to families with healthy children. However, the situation is vastly different for families who have a child with a chronic or life-threatening illness. They are denied access to child care by virtue of their illness, despite the fact that their condition may be nonacute and noncontagious and will not jeopardize the health of other children.(51)

The rate of exclusion from these services is extensive because of restrictive regulations, inaccessbility, untrained child care workers, and persistant societal attitudes that disabled children should not be mainstreamed with non-disabled children.(3, 37, 70, 161)

Moreover, the costs of child care for a disabled child are two to three times the cost for a nondisabled child.(37) Often because a severely disabled child will require child care services up to the age of 21, the costs are extended over a longer period of time. Of course, the cost of institutionalizing that child is much greater financially and emotionally.(3, 37)

Another critical barrier is the lack of specific training, so that child care providers can develop the skills and confidence they need to handle the special needs of this population. For example, the Head Start program mandates that ten percent of their enrollment be children with disabilities. However, little training or technical assistance was available to grantees at first, resulting in misunderstandings between parents and teachers.(161)

Since 1978, however, 15,000 Head Start staff have been trained by the Research Access Project. Staff participating in the training project improved their ability to work with disabled children, according to the latest evaluation data.(161)

Family crises can be averted and families can be supported by child care and respite services. Society has much to gain by early acceptance of handicapped children into the mainstream.

Several witnesses described the positive role respite and child care services can play in relieving the emotional and financial stress faced by many families of children with disabling conditions. Lack of respite and child care services place extreme pressure on the family unit, increasing the risk of child abuse and neglect.(167) The divorce rate may be 75 percent higher in families with a chronically ill child than in families with healthy children.(51) In a Minnesota study, 34 percent of families receiving respite services found that maintaining family unity was a benefit of the program.(3)

The cost-savings of utilizing child care or preschool programs as prevention strategies have proven to be substantial:

California

The cost of providing daily in-home care for a severely disabled child is $7,000-$8,000 per year versus $38,000-$40,000 for institutionalizing that child.(37)

Colorado

A statewide study found that preschool programs for handicapped children provided a cost-savings of $2,000 per child, compared to special education and remedial services provided later.(209)

Most importantly, nonhandicapped and handicapped children gain from socialization and learning experiences side-by-side in informal settings. A reversal of discriminatory attitudes that have excluded disabled individuals from the mainstream can best be facilitated by this approach at an early age.

Families In School

For the increasing numbers of women with children entering colleges and universities, the availability of child care can often make the difference between completion of a degree, cutting back on coursework or dropping out.

Between 1975 and 1980, the enrollment of women over age 25 in universities or institutions of higher education doubled. Of the estimated 11 million women over 25 enrolled in university programs in 1975, a substantial number of them had children at home. According to one study, two-thirds of the re-entry women enrolled in an urban university in 1976 reported having children at home. Another survey, conducted by the University of Michigan, found that one-fifth to one-fourth of the students surveyed would seek more employment or education if child care services were available.(113) At the University of California campuses, an estimated 7,500 students, or 6.5 percent, have children; 19 percent of these student parents are single parents.(158) Without full- or part-time child care supports these adults encounter great difficulties. As one witness told the Committee: "The provision of child care is a significant factor in the effort to guarantee equal opportunity of access to higher education."(135)

For single-parent families, the opportunity to attend or return to school can have special significance, since it can be a major step toward economic self-sufficiency.

A single mother of two children recalled for the Committee her struggle to obtain the education and skills needed to become self-supporting above a minimum wage level position. She described the barriers she faced, including the serious lack of infant and toddler care, Title XX child care openings, and sick child care:

> For a year I had to drive 40 miles a day to take my infant son to a Title XX licensed child care provider. Several times I was nearly forced to terminate my schooling because I had no infant care. I have often missed exams and have had to take incomplete grades because of a sick child.(177)

Other witnesses pointed out that child care programs for parents struggling to become self-sufficient have recently been among those most vulnerable to budget cutbacks.(113, 135)

Although little is known about the child care arrangements of students, the need for flexible hour care, evening care, and a variety of other child care options is evident.

Student parents need child care in order to study or work and to attend classes, activities and meetings.(113, 158)

Because of the variability of academic schedules, student parents need and use a great variety of child care arrangements, from hourly care and evening care to full-day care, both in formal and informal settings. Little nationwide data exists on the current child care arrangements of students or on available campus-based child care programs. The last study conducted on campus-based child care was in 1971. It indicated that the 425 campus-based preschool child care programs existing at that time were serving approximately 17,000 children.(113)

In 1981, the University of California conducted a study on the child care needs and arrangements of their students. Sixty-six percent of the student parents used some form of child care; of these parents, 64 percent still had additional child care needs either in the types or the amount of child care available. At each of the University of California's on-campus child care centers, the demand for additional child care spaces is constant.(158)

The generally tight budgets of students compound the problems of high costs and available transportation to child care facilities. The lack of flexible child care arrangements also complicate childrearing for student parents.

The shortage of child care facilities and child care options such as hourly or evening care for student parents constitutes a major barrier.(124, 135) For students, the greatest source of dissatisfaction was obtaining the kind and amount of child care they needed all in one location.(158) The lack of existing services which meet the needs of students is compounded by the cost of these services, and the relatively few Title XX positions available.(113, 177) Of the 34 percent of the University of California student parents that did not use care, 40 percent would if it were available. The overwhelming reason for not using child care was cost.(158) The lack of transportation to child care centers not located on campus can also restrict the ability of many parents to place their children in child care.(113, 158)

For some, child care determines the pace of one's academic career; for others, it determines whether or not further education can be pursued.

In addition to providing children with safe, healthy, and developmentally enriching environments, child care can offer additional benefits to students and schools.(135) Adequate child care arrangements can aid in retaining students and improving attendance. A Portland State University (Oregon) study found that one-third of parents currently dissatisfied with their child care arrangements would increase their course load by 3.6 credit hours per semester if the problems could be resolved.(113) Thirty-six percent of student parents at the University of California claimed they could have completed their degree earlier, while others said the availability of child care would allow the spouse to work or to take courses.(158)

Campus-based programs also function as a recruitment tool and as an aid to affirmative action policies.(113) They can be helpful in upgrading the child development curriculum by providing a setting for training and research.(135) And, if participation is opened to children from the community, campus-based programs can improve community relations and expand available child care options for local families.(113)

Military Families

With the rapidly increasing number of single parents, working mothers and dual military couples, the military is beginning to recognize the child care needs of the one and one-half million dependent children of military families.

As of 1982, there were 2,095,000 U.S. military personnel, 1,075,300 military spouses, and 1,546,600 children. Of the more than one million spouses, 65 percent were employed.(210) As one witness stated, "the increased numbers of both parents working, single parents, and dual military families indicate that the need for child care exceeds available openings."(210) Another witness confirmed the pressing need for child care for many of the 630,000 children of active duty soldiers.(211)

The Committee learned that families in different branches of the service can have very different child care experiences.

One mother, an enlisted member of the Navy with an infant son, described her situation:

> I am career military in a job with no possibility of normal working hours. My husband is also a shift-worker at another military base and our hours would not allow us to share babysitting between us.
>
> We are both in supervisory jobs with fixed hours per shift. The military gave me one month leave and then I had to have a babysitter. My work does not care anything about the care I find for my child. It's my problem and not theirs. They told me to handle the problem of child care by myself or get out of the military.[illegible]

The Air Force, which has one of the largest employer-sponsored child care programs in the world, appears to provide a range of services to meet virtually all the needs of enlisted personnel, including full day or hourly drop-in care, seven days and some evenings a week, for children six weeks through ten years of age. The Air Force serves over 24,000 children from six weeks to ten years of age, and one-third are under three years of age. Child care fees are 10-20 percent less than off-base centers. A family day care network at ten Air Force bases has expanded services available for infants, disabled children, children of shift workers, and children who do not adapt well to group environments.(59)

In 1982, the Army served approximately 23,000 children in 281 programs (about 60 percent of them in the U.S.) with the objectives of "reducing conflict between parental responsibilities and unit mission requirements" and contributing "to the quality of life and well-being of families in the command with young children."(148)

Lack of available child care slots and flexible child care options plague many military families.

In spite of its importance, however, for many military families child care services do not exist. "There are simply not enough open slots in child care centers for military families, nor are there enough youth activities."(210) Moreover, a great need exists for flexible and extended hours.(210)

As with most employer-sponsored child care, child care services provided by the military aid in the recruitment and retention of personnel.

Child care provides similar advantages and benefits to military families as it does to other families. The existence of child care could also assist our armed forces in personnel retention. Conferences and reports on family needs conducted by the Military Family Resource Center have indicated that among other factors, the lack of child care is an important factor deterring personnel from choosing the military as a career path.(210)

Parents in Prison

Over a quarter of a million children undergo the trauma of separation from an incarcerated parent. Without regular communication between parent and child their relationship can deteriorate or terminate. Creative child care services can address that problem.

It is estimated that over 400,000 men and women, 50 percent of whom have children under 17 years of age, are presently incarcerated in state and federal prisons. Furthermore, an estimated quarter of a million children have mothers in prison.(47, 128) Fortunately, there are signs that public awareness of the need for child care programs for the children of parents in prison is growing.(42)

Incarceration creates tremendous stress both for the incarcerated parent and the child(ren). According to one witness who works with these families:

> A mother in prison suffers the guilt and anguish of not only her own crime and punishment, but also that of having to leave her children. Though most mothers look forward to resuming care of their children upon release, they realize that they have little chance of maintaining their relationships with them during these stressful times.... The criminal justice system and social service systems forget about this family unit once a mother goes behind bars.(42)

A witness who had spent seven years in prison told of the effect of his separation from his children:

> When I went to prison, my children were babies, and after 7 years, after my release when I came home, I found it was very difficult for me to communicate. In fact, we were like strangers. There was a separation

> between us that the children did not understand, and I certainly did not know how to adequately cope with it.(175)

Witnesses testified that both mothers and children can suffer serious social and psychological problems because of the separation and its accompanying stress. A survey of 23 incarcerated mothers at the Pleasanton Federal Correctional Institution in California found that all but two mothers had difficulty maintaining relationships with their children, and only ten had seen their children since their incarceration (seven of whom participated in an on-site reunification program).(42) The existence of child care centers which allowed for parent-child contact could facilitate an ongoing relationship between parent and child.

The availability of child care and child visitation services at the prison can assist both the incarcerated parent and the child in developing and maintaining family ties. For the incarcerated parent, contact with his or her child helps to build the parent's support system, enhances his or her participation in rehabilitation programs, and reduces recidivism. For the child, this contact allows for ongoing communication and for bonding with the parent. Because a large proportion of incarcerated parents will eventually be reunited with their children, and because many of these families, prior to imprisonment, were already socially and economically tenuous (42), developing these ties is particularly important.(128)

Even when family visits are permitted, prison settings often are not conducive to family interaction.(42, 128) Cost, lack of transportation, and the attitude of the legal guardian can make it difficult for a child to visit an incarcerated parent. Moreover, for children in out-of-home placements, provisions are not generally made by social service departments to facilitate visits or provide for transportation to the prison.(42, 128)

The cost of beginning a child care center at a prison inhibits many prisons from undertaking such an effort. Obtaining funding from public and private sources can be difficult because of the largely unrecognized clientele.(42) However, the Children's Center in California estimates that a weekend visiting room program at a federal prison can be adequately funded for $40,000 annually -- "a small price to pay for a family reunification program."(42)

Families at Risk of Abuse or Neglect

Child care can provide valuable support, such as treatment and counseling, for potentially abusive and dysfunctional families, providing temporary care in crisis situations.

It is estimated that each year in the United States more than one million children are maltreated as a result of "parental frustration, extreme tension, depression and even despair." (110; also see 167) Across the nation, child abuse has been increasing 15 percent per year in recent years. In the last two years, 39 states have reported an increase in child abuse cases, and 14 states have reported an increase in child deaths attributed to child abuse.(103) In New York alone, 55,000 cases are expected to be reported in 1984.(110) In Maine, reports of child maltreatment increased 166 percent between 1976 and 1980. There were 38,000 reported cases of abuse in Michigan in 1983, and an increase in the severity of cases. In Los Angeles there was a 35 percent increase in confirmed abuse cases between 1978 and 1982.(164)

Child care is an important abuse prevention strategy and many states reserve child care slots for children in protective services custody.

We have seen that child care can be used as part of a strategy to prevent child abuse or neglect and to avoid foster care placement.(58, 82, 102, 154) As one witness told the Committee:

> The parent self-help approach (including crisis nurseries and drop-in centers) is the best means we have of closing the gaps in this system and reaching those parents that are practicing child abuse behind closed doors and shuttered windows -- parents who know a cry of pain when they hear it. They hate themselves for what they are doing, they want help but are afraid to ask for it because of the stigma of child abuse and the fear of having their children removed from them.(110)

Crisis nurseries help families at risk of abusing their children by caring for those children on a temporary basis until the crisis has passed and support services have been found for the family.(83, 110) Family day care is also often used by protective service agencies as an intervention strategy in cases of suspected or known child abuse or neglect.(141, 154)

Recognizing the need for available child care services to prevent abuse and/or foster care placement, many states give children in protective services priority for subsidized child care slots.(118) For example, of the 202 subsidized child care positions in the State of California, top priority is given to children at risk of abuse, neglect or foster care placement. (109)

In spite of the advantages, crisis care for children is rarely available. High costs, lack of transportation, and restrictions on the age of children are the principal barriers.

Drop-in centers can help those families who are under severe emotional or financial stress and need only several hours of respite to avoid a crisis situation. However, only a few drop-in centers operate and, as one Texas witness explained, they often are not accessible to families who need them:

> The availability of drop-in child care to give mothers a break when frustration is about to overwhelm them is a critical need for prevention of child abuse. Ideally, such a center should charge on a sliding scale and be able to provide pick-up transportation, since it is often the isolated, trapped mother without money or a car who is most vunerable to frustration explosions. Here in Austin, there are three drop-in centers. However, they are all expensive, none provide transportation, none accept infants, and parents are restricted to a limited geographic area in order to fit the licensing loop hole which makes such a center possible.(27)

Many of the same barriers exist for longer term emergency crisis centers. Furthermore, few crisis care units are available for school-aged children.(83)

Child care functions as a three-tiered strategy to aid families and children at risk of abuse and neglect. It acts as a preventive mechanism, as a tool for crisis intervention, and as a form of treatment for parent and child.

Short-term crises can be avoided, and long-term prevention strategies enhanced by helping parents learn to cope with life's stresses.(102, 167) A number of witnesses suggested that crisis child care can also help reduce some more serious family problems -- juvenile crime, alcohol and drug dependency, suicide -- which are thought to have a strong correlation to abuse.(102, 110)

The availability of child care allows the abusive parent to watch child care staff and learn alternative ways of dealing with the stresses of childrearing responsibilities.(82, 163,

167) In addition, "child care also provides a warm, caring and nuturing environment with peers and adults for children who have been abused, and such positive experiences can assist in the healing process."(92)

II. THE CURRENT CHILD CARE EFFORT

Chapter 1. The Private Sector Response

Employer-Assisted Care

The number of employer-assisted child care projects is growing, improving the options for parents in many communities. Employer-assisted care remains largely an untapped resource, however, and usually flourishes best where a range of child care services already exist.

There are more employer-sponsored child care assistance programs each year. Unfortunately, these programs are still the exception. Of the six million employers in the United States, only 1,500 employers provide some form of child care assistance to their employees.(105, 111)

For our purposes, employer-sponsored child care involves any commitment of resources by an employer in support of child care for his or her employees. This can include the direct provision of child care services, the provision of information and referral services, and a variety of other options including financial assistance, expanded parental leave policies, the provision of flexible personnel policies, and various child care benefit plans.(14, 105, 111)

From the testimony and recommendations presented to the Committee it is clear that there is a major role for employers in the provision of child care benefits, and that government at all levels can help promote these efforts. It is also clear that employer-sponsored care is only one of the many initiatives which are needed. This is true because the needs of low-income parents and children will not necessarily be met through employer-assisted programs, nor are employer-assisted efforts likely to flourish except in a context of already existing child care services.

The Center for Public Advocacy Research interviewed 80 companies in New York City to examine the barriers and incentives that employers cite when asked about providing assistance to working parents.(207) The conclusion of the study was that there is "little reason to believe that employer initiatives will replace, or even significantly supplement the continuing need for publicly subsidized child care for low-income parents in the next five years."(73)

The Conference Board added that "...the highest levels of employer supported child care were observed in communities where there existed also an efficient and adequate supply of child care. The scope of the employer role will depend in large part, on the quality and efficiency of the existing system of child care -- a system in which government can show some leadership, particularly in new areas of child care...."(111)

Providing Child Care Services

Employer-sponsored child care provides different benefits to different families. For example, the proximity of parents and children at on-site child care centers such as the Infant/Toddler Center at Yale-New Haven Hospital allows for parental participation and visits, nursing and feeding of infants, and decreases parental worry.(19, 35, 47) Proximity also makes parents available should their child become ill -- a not infrequent occurrence among young children.(47)

Finally, while there are options like financial assistance programs, information and referral services and support for local programs which reduce financial and liability risks faced by employers, options available to employers ultimately depend in large part on the sophistication and integration of a community's existing child care services. The stronger the existing range of services, the greater the chances are for employer-sponsored initiatives.(111)

Solving Work-Place Problems

Employers have begun to provide a range of child care services for their employees, many of which enhance morale and reduce absenteeism. Employer-sponsored child care can function as an effective tool for solving frequent management problems.

A 1978 survey of 305 employer-sponsored child care centers showed that of the 58 employers responding to the survey, 72 percent felt the provision of child care services helped lower absenteeism; 65 percent noted an improved employee attitude toward the company; and 55 percent achieved a lower job turnover rate.(111) Also, a program evaluation of 90 employees of a consortium of businesses which sponsors the Northside Child Development Center in Minneapolis, 30 of whom used the on-site child care center, showed significantly lower turnover and absenteeism for employees using on-site care then for employees with children in other child care arrangements or employees without children.(111)

The only controlled experimental study of the effects of employer-sponsored care was issued recently. The study compared 29 companies which offered on- and off-site care, and information and referral services, to ten employers who provided no child care service of any kind. Clear benefits of off- and on-site services were found: improvement in acceptance and continuation of employment, improved morale, and reduced turnover. In fact, in 53 percent of the companies offering child care services, the turnover rate was reduced to zero.(155)

These data reflect the observations of many other witnesses as well. Their experiences with employer-sponsored care were positive with regard to: lower absenteeism (2, 6, 14, 15, 16, 19, 20, 35, 36, 48, 61, 65, 68, 105, 111, 162); improved worker morale and productivity (6, 8, 13, 15, 16, 20, 36, 48, 61, 65, 68, 77, 86, 105, 111, 118, 162); strengthened community image (13, 14, 36, 57, 65, 86, 114); reduced tardiness (20, 36, 48); reduced workplace accidents (48, 77); and, a higher rate of return from, and reduced lengths of, maternity leave.(2, 36, 47, 68)

Attracting and Retaining Workers

Employer-sponsored child care also functions as a mechanism to attract and retain employees.(2, 6, 8, 14, 15, 16, 20, 35, 36, 48, 59, 65, 68, 77, 105, 111, 155, 162) In the 1978 survey of employers who provided child care services, 88 percent felt the provision of child care increased their ability to attract employees. One witness from a school district in Austin, Texas, which had a 58.1 percent turnover rate in 1981-82 among the school bus drivers, most of whom were single parents, told how a child care service for his employees lowered his turnover rate to 10.8 percent in 1983-84. The accident rate declined by over 50 percent in the same time period.(77) A recent study of 204 companies published by the American Management Association found that almost 75 percent of the companies surveyed felt the benefits of their child care far outweighed the costs.(36)

One major Texas corporation, The Southland Corporation, contracted with a Dallas child care agency to assist employees with infants and toddlers in finding family day care homes. As one witness reported, "The company's willingness to provide care for a young infant has been a significant factor in attracting professional personnel to the corporation."(68) Furthermore, 95 percent of the female employees on maternity leave in 1983 returned to work within eight weeks of their child's birth.

Employer-Sponsored Information and Referral Services

Employer-sponsored information and referral (I&R) services are often in themselves of valuable assistance to families in search of child care services. In addition, I&R services can help identify the areas of greatest need among employees.

There are approximately 250 employers nationwide providing information and referral services.(111) Employers generally contract with a local, community-based I&R agency to provide services for their employees.

Information and referral services can help parents obtain information on child care and link them with available child care services in the community.(6, 16, 100) INFOLINE, a telephone information and referral service funded by a corporate consortium in Connecticut, provides employees with current available information on child care services for an annual cost to each company of $1.10 per employee. The employers believe this investment is quickly paid off in increased attendance and productivity.(6) Similar efforts by corporate consortia exist in Minneapolis.(111)

Those who operate information and referral services also help identify gaps in child care services within a region.(6, 111) Along with child care providers and parents, they have pointed to severe shortages of services for certain populations, regions, and for families working unusual schedules. For example, the California Resource and Referral Network conducted a survey which revealed a widening gap between the supply and demand for child care services in the Bay Area.(66) I&R services have also found that child care for children of parents who work unconventional shifts such as night shifts or rotating shifts are difficult to locate and often have very long waiting lists.(27, 109)

On July 1, 1984, IBM began the most ambitious corporate I&R initiative to date. By supplying additional funds and computers for 45 existing I&R services, IBM has improved services for their own employees as well as for others in the area.(105, 111)

Other Options for Employers (Vouchers, Flexible Leave and Personnel Policies, Part-time Employment, Partnerships With Other Employers)

While it can be impractical for an employer to consider on-site child care services, numerous alternatives exist for employer assistance.

Some employers have taken a closer look at their parental leave policies. For example, researchers at the Harvard Medical School spent eight years studying the experiences of women faculty and staff. A 1982-83 study looked specifically at maternity leave and child care issues. Based on that study, the medical school has revised and expanded its parental leave policy for full-time, salaried faculty appointees. They now offer paid parental leave, and have created an office to provide information on day care facilities, parenting skills, and other support services.(131)

There are a variety of other ways for employers to assist parents with child care needs. Small businesses or employer associations can form consortia to sponsor projects that provide off-site child care services for their employees.

Shadelands Children's Center was established to meet the child care needs of employees from three businesses, as well as citizens of Walnut Creek, California. Their site was a nearby unused school building. Although underfinanced, Shadelands provided quality child care for infants and children under six years of age. Within three months of its opening date, there was a waiting list of 105 children. The program was later closed when the school district sold the site.(15)

Employers can make available innovative personnel policies, such as the flextime plan provided by the Phoenix Mutual Insurance Company of Hartford, Connecticut. There, employees select their own working schedule, beginning as early as 7:15 a.m. and ending as late as 5:15 p.m.(86)

Other options include: job sharing (two employees share one position); part-time work schedules; flexiplace (employee works at home); sick child leave; paternity leave; salary reductions (salary deductions for an amount to be used for employer-supported child care, thereby reducing the parents' taxable income); and flexible benefit plans (employee chooses among a variety of personnel benefits), such as the non-profit organization Utah Issues' program which includes a child care component covering 50 percent of the cost of child care.(2)

Part-time work schedules can also allow employers and parents greater flexibility. As one witness noted:

> Employers who use part-time workers uniformly report more positive reactions to the part-time option than employers without part-time staff.(202)

Child care voucher programs are another option. They provide resources to employees for the purchase of child care services of their choice. Vouchers can give parents flexibility, and minimize risk and administrative burdens for employers.(17) However, since the Economic Recovery Tax Act (ERTA) was implemented in January, 1982, which provided added incentives for employers to help parents with their child care needs, fewer than 20 companies nationwide have chosen to use voucher plans. More have opted for less costly cafeteria-style fringe benefit or salary reduction plans.(111)

However, one study has concluded that "salary reduction is of little benefit to taxpayers below $16,000 because these working parents would receive equal or better value by using the child care tax credit. Between income levels of $16,000 and $20,000, the salary reduction may have some marginal utility. Above $20,000, salary reduction offers substantial and ever increasing tax benefits to working parents."(145)

Employers can also contribute funds directly to community child care providers or purchase child care spaces from local providers and allocate them to employees. This is often referred to as a "vendor" child care program, and is similar to the program offered by Polaroid.(75)

Educational programs, such as Phoenix Mutual's Latchkey Workshop program for parents and children, as well as resource and referral services, are other employer supported options.(86) Employers who offer management expertise or help develop innovative model programs enhance the choices for employees and nonemployees alike.(43)

Corporate - Public Sector Partnerships

Several examples of successful cooperative efforts between corporations and local government were brought before the Committee.

In a rapidly developing suburban California community, local government officials required developers of a 125 acre site to plan for and allow child care.(57) Prior planning of this nature addresses the frequent problems employers have in locating appropriate land and building sites for child care facilities. In Austin, Texas, a nonprofit child care agency, Austin Families, Inc., received city funds to solicit employer support for a child care voucher program for small businesses. While very promising, only three employers in Austin have opted for this alternative.(17)

The Texas Corporate Child Development Fund was developed by Levi-Strauss Foundation to bring together corporations and the Texas Department of Human Resources. Forty-three corporations contribute a total of $200,000 per year to help rural communities meet the matching requirements of Title XX, so that child care will be available for low-income families in rural areas of the state. In addition, the Fund makes scholarships available to child care providers for training. For the first time this year, the Fund will also pay half the cost of Child Development Associates credentials for selected child care providers in Texas.(13)

Union - Public Sector Partnerships

Unions have also begun to move more aggressively to address the child care needs of their members.(123, 132, 192)

The International Ladies Garment Workers Union (ILGWU) and the New York City Human Resources Administration have joined together to operate a child care center for 70 preschool children of garment industry workers. Using both public and private monies to fund the center allows New York City to provide care for 70 instead of 41 children, and allows ILGWU to provide lower cost services for garment employees, while also lowering absenteeism and improving morale.(118)

Some other unions, particularly those with many female members, have joined together to provide child care services for their members. The Civil Service Employees Association (CSEA), the Public Employees Federation, and the New York Governor's Office of Employee Relations, work together to provide child care for state employees through the Empire State Day Care Center, Inc. The Center operates 18 day care centers, which provide care for 1,000 children at work sites around the state. Fees range from $39-$55 per week, based on a sliding fee scale. The union provides start-up costs and equipment; the state provides space, maintenance, utilities, and administrative salaries; and parent fees cover operating expenses and staff salaries.(99, 132)

Barriers to Employer-Assisted Child Care

Although the benefits of employer-assisted child care services have been documented in the Committee's hearings, many factors still inhibit the more active involvement of business and industry.

The principal barriers include: a lack of information regarding current need and available options; few available models for cost-effective programs; and high initial costs of providing some child care related services.(14, 17, 92, 109, 111) While many employers know of the costs of on-site care, few seem to be aware of the benefits of child care and of lower cost, minimum risk options.(111, 162)

According to studies conducted by the Texas Woman's University, most employers also know very little about the Dependent Care Assistance Provisions of the Economic Recovery Tax Act of 1982 (ERTA). Yet both large and small employers who are aware of ERTA and other employer-sponsored options have generally positive attitudes. Furthermore, cost/benefit analyses of actual and proposed employer-assisted child care show substantial savings. The cost/benefit ratios range from a projected 1:3 ratio for a 4,000 employee nonprofit hospital, to an actual 1:6 ratio for a manufacturing company with 85 employees which provides on-site care.(162)

A recent feasibility study in a suburban California community showed cost to be the greatest barrier to employer-sponsored child care.(14) Witnesses, representing every type of community, confirmed that cost to the employer was one of the central barriers to employer-assisted child care.(2, 8, 13, 14, 27, 43, 47, 48, 68, 73, 86, 92, 109) While child care must compete with other employee benefits for limited resources, it is not seen as a benefit all employees need.(15, 43) Consequently, employers frequently object to allocating resources for a benefit that will not apply equally to all employees.(2, 14, 15, 109) Reluctance to be the first to initiate a benefit in a particular industry or region apparently dissuades some employers from considering it a viable option. Moreover, employers frequently do not perceive child care to provide a significant return on investment (57, 162) and hence, often do not consider it a priority.(14, 43, 92)

The barriers remain so substantial that not more than 80 companies and 300 hospitals sponsor on-site child care centers for their employees.(111) The administrative obligations of running an on-site child care program can be burdensome.(68, 92) Insurance costs, potential liability, lack of available land or building space, city zoning ordinances, fire and safety regulations, and local and state health standards deter employers from investing in and operating child care services.(14, 15, 20, 27, 35) Furthermore, the commuting patterns of employees as well as the location and size of the facility, the ages of children served, and the type of curriculum provided can limit the number of employees who are able to benefit from on-site care.(111) Also, on-site programs rarely provide a sliding scale fee system. As a result, lower paid employees may still be excluded from receiving services.(73)

Employer attitudes sometimes act as an impediment to involvement in child care. Inability to recognize the need for child care was cited as a common barrier to employer-sponsored child care.(2, 13, 14, 17, 43, 92, 109) Witnesses testified that many employers do not perceive child care to be the responsibility of the employer.(2, 8, 14, 57) Some employers believe that women with children should not work.(15) These attitudes, in turn, contribute to a reluctance by some employees to raise their need for child care, for fear that it will jeopardize their employment.(2, 92, 109)

More than 20 percent of women who work do so part time. One survey reported that 48 percent of the female respondents cited "parental responsibilities" as their most important reason for working part time. Another survey in 1984, showed that 30 percent of women polled would prefer to work part time if they had enough money to live comfortably, as compared to 19 percent who would prefer to work full time.(202)

However, there remain many reasons why part-time work is not more attractive to parents. Part-time jobs are often low-paying and without fringe benefits, have greater turnover and more difficult working conditions, and provide less opportunity for training or career advancement. One witness identified the need for greater employer acceptance of the benefits of part-time employees and "special attention to the child care needs of parents who work part time. Day care facilities should permit parents to leave their children for part of the week and/or part of the day."(202)

Chapter 2. The Response of State and Local Governments and Private Service Groups

The Cities and States Respond

With more children needing care but fewer federal dollars available, some state and local governments have made positive efforts to maintain and improve child care services, but many have cut back.

Some states and cities were able to "cushion" the impact of budget cutbacks by increasing spending. However, in a recent Government Accounting Office (GAO) survey, six of 11 participating states decreased the percentage of social services expenditures dedicated to child care, while two states were able to increase child care expenditures.(174) The Committee was provided with examples to show some states have adjusted to these changes:

New York The state cushioned its counties from the full extent of a $60 million cut in the Social Services Block Grant so that "upstate" counties collectively lost only $7 million. However, since child care funds were not earmarked under the Block Grant and cuts were permitted, these counties cut nearly $10 million designated for the purchase of child care services, a reduction well beyond that necessitated by federal spending reductions. The lack of the earmark in one witnesses' words, "made this essential service so vulnerable to local cuts."(168)

Since FY 1981, New York City has "spent over $47 million in city funds to maintain the day care program at 41,000 slots."(118) Additionally, the city now provides child care for 370 preschool and school-age children of homeless families residing in emergency shelters. This gives families the opportunity to look for more suitable housing, and seek necessary social services, employment and training programs.(118)

California After World War II and the termination of the Lanham Act for preschool programs, state funds were used to continue the early childhood program in the public schools and were targeted to children from low-income families. The programs were administered by local school districts, which had the authority to levy local taxes to expand services. From the mid-fifties to the mid-seventies the program grew slowly and expanded into a child-oriented educational system, utilizing age-related curricula. Social services were also provided, as well as parent and community education. Proposition 13 threatened the program, but it survived with additional state funds. Today $230 million is budgeted for child development programs serving 143,000 children -- half of whom are in programs run by the public schools.(21)

Utah Prior to the Omnibus Budget Reconciliation Act of 1981, employed AFDC recipients could deduct $30 and one-third of their earnings when calculating their eligibility and benefit level. By allowing working parents to remain on AFDC, families were able to retain child care and medical coverage until their earnings were high enough to allow self-sufficiency. The Reconciliation Act set new restrictions, and limited the disregard to the first four months of employment. In 1982, Utah extended subsidized child care four months beyond termination from AFDC, having identified child care as an important work incentive. They also established a sliding fee scale for child care, and in 1983 raised the fee scale to gradually ease low-income parents off assistance. In addition, the Utah Department of Social Services began the "Working Pays" program in January, 1983. It extended eligibility for AFDC to many working parents whose benefits would have been terminated under the new $30 and one-third policy. The program had immediate effects. The percentage of AFDC cases with earned income increased from 8.3 to 13.4 percent by September, 1983, thereby decreasing costs to the State.(161)

Partnerships Between Private Nonprofit and Public Sector Agencies

Following cuts in Title XX funding, some private nonprofit agencies have stepped in to help states maintain child care services.

Federal funding of child care has decreased in real terms in many states since 1981. Among the effects of the limitations on federal funds have been the reduction of child care services nationwide, stringent fee systems, and severely strained alternative funding sources.

Local United Ways in Texas have responded to the federal budget cuts by greatly increasing their contributions to child care, enabling many Texas communities to raise the level of funding for these programs. The United Way contributed 63 percent of the local matching funds required to be eligible for public social services money. However, as the United Way of Texas pointed out in their testimony: "If funding is decreased by any one source, all other sources feel the repercussions. That is why it is so critical that the public, private, governmental, voluntary and business sectors work together on the issue of how to fund child care in Texas."(152)

Some communities have begun to use public school facilities for before- and after-school child care programs. Joint public/private nonprofit ventures have been part of these efforts.

In Houston, the Committee for Private Sector Initiatives, in cooperation with the Houston Independent School District, developed a low-cost model for after-school care in school facilities, to be operated by a licensed child care agency. A wide variety of activities were made available, frequently using volunteers to provide individual attention. One demonstration program is underway, but plans for more have been temporarily postponed, as the Houston Independent School District has announced plans to expand a similar program to 68 schools.(43)

Six years ago, community leaders in Olney, Maryland, met to discuss the lack of child care facilities for school-aged children. After an elementary school principal offered to make space available, interested parents conducted a feasibility study and raised initial funds. The Montgomery Child Care Association provided additional support and administrative assistance. Eventually the Olney Extended Day Center was established, which currently provides before- and after-school care for elementary students, as well as full-day care on school holidays, snow days, and during summer vacations.(87)

Four years ago the Northwest YMCA in San Antonio, Texas, began an after-school program called Prime Time, which provided transportation for school-aged children from school to the YMCA. A curriculum manual was developed by the National YMCA Program. The program included both indoor and outdoor games, arts and crafts, community service projects, and seminars on education and safety. Program staff consisted of college students, certified school teachers, and parents and teachers' aides. During the summer months, the YMCA sponsored regular day care and resident camps for families in need of care during those months.(26)

The program has been expanded to several local elementary schools, which allow use of their facilities on a no-cost basis, allowing program costs to remain low ($15-$18 per week per child). When the Mayor of San Antonio made after-school child care a high priority, he cited the YMCA Prime Time program as a model for other city efforts.(26) Dade County (Florida) Public Schools, in conjunction with the YMCA, YWCA, the United Way and others, conduct 117 after-school care programs. A fee of $15 per child per week allows many, although not all, lower income families to participate.(186)

In addition, the Committee learned that United Community Services of Detroit and the Detroit Public Schools are currently exploring the possibility of sponsoring after-school activities in school facilities. Through the use of federal funds, one Detroit public school program, "Lighted School

House," provides access to school facilities to various groups after the regular school day has ended.(75)

State, Local and Private Sector Programs for Families with Special Needs

One innovative center at a community college in Ohio has served the children of faculty and employees, students, and members of the local community since 1971. The program, initially funded by the college Board of Trustees, is now supported by a multifunding mechanism including Title XX funds.(135) There is a similar program at a south central community college in Connecticut which also serves local industry employees.(124) University-based child care centers are beginning to flourish at the University of Wisconsin (Eau Claire), Oberlin College, Ohio State University (113, 135) and the University of San Francisco.(25) Because of cuts in Title XX funding, many of these programs are having difficulty maintaining the standards of their programs.(135)

California has designed programs to meet the child care needs of student parents. Various Campus Child Development Programs administered by the California Department of Education provide child care for 6,500 preschool children of students enrolled at two- and four-year college or university campuses. These programs often also serve as training sites for students enrolled in child development programs.(100)

State, local and non-profit agencies have responded successfully to the child care needs of teen parents.

The Adolescent Health Program in St. Paul provides child care on-site at the high school for mothers who remain in school. Almost all (87 percent) of the adolescent mothers remain in school after delivery, and fewer than two percent have a repeat pregnancy.(164)

In California, state funds provide infant care, parent education and career development for over 2,000 school-aged parents at or near high school campuses.(24, 100)

In Boston, the Bridge Family Life Center, provides child care as part of a range of services for teen parents. Care and enrichment are provided for the children, and 56 percent of the parents have either found employment, have earned or are working on their high school degree or General Equivalent Degree, or are no longer dependent on the Department of Social Services.(151)

Private agencies are providing child care services for families at high risk of abuse.

In the two years since its inception, the Bay Area Crisis Nursery, a private nonprofit, residential care facility which accepts infants, toddlers, and preschoolers, has had 800 voluntary admissions of children by parents who were unable to cope (for whatever reason) during a time of stress. The nursery relies entirely upon community support for its income. Donations come from foundations, corporations, church organizations, clubs and private citizens.(83)

Begun in 1982, the New York Foundling Crisis Nursery admitted almost 400 children during its first year of operation and has received over 4,000 calls on its Parents Helpline since its inception. This hospital-based program is part of a larger effort by the City of New York to prevent child abuse and neglect.(110)

The Ounce of Prevention Project in Illinois, a unique government-private industry partnership provides family support services, including child care to teen parents, many of whom may be inadequately prepared for parenthood and consequently at greater risk of abusing and neglecting their young children.(143)

State governments have helped provide child care support for incarcerated parents.

In California, Virginia, Nevada and Idaho prisons there are programs which show the extent to which child care can play a critical role in reuniting families.(42, 128) For example, the Children's Center, an on-site child care center in California, allows parents to interact with their children in a nurturing and supportive atmosphere during weekend visits. Since its opening in 1978, over 5,000 child visits have been made.(42) As one of the children participating in the Children's Center program said: "If it hadn't been for the Children's Center, I would have thought my mother was dead."(42)

Virginia considered legislation allowing women inmates to keep their infants with them throughout the first year of the infant's life.(104)

A model program to provide child care services for migrant children has been very successful in California.

The Foundation Center for Phenomenological Research, Inc., in Sacramento, has administered a successful effort to provide child care for migrant families. They have trained people well known and respected in their communities to be family day care providers. The Foundation Center employs the provider, pays her salary and fringe benefits, and helps her meet all licensing requirements. In addition, the Center provides direct health and nutritional support to migrant children and their families.(38)

Some cities and states have given high priority to expansion of child care for families of children with disabilities. In other states, the response has been to cut back services.

Michigan, Nebraska, Nevada, and Florida have well developed respite support systems for families of children with disabilities. They encourage families to maintain their children at home by providing cash payments to enable them to purchase needed respite and other services.(3)

In Madison, Wisconsin, special needs children are included in citywide programs run by the After-School Day Care Association, with financial assistance from United Cerebral Palsy.(133)

The California Department of Developmental Services contracts with community-based and community-run, non-profit "regional centers" to provide a range of services to meet the intent of the Lanterman Act, including in-home child care and respite services.(3) The State of California enacted the Lanterman Developmental Disabilities Act in 1975 to curtail the costly rate of institutionalization of disabled children and adults. Few in-home services, however, have actually been provided to facilitate this process.

In addition, recent cutbacks have reduced or eliminated services for all families. What was once considered a model program is no longer. A parent of a severely handicapped 12 year old from Richmond, California, described how in spite of the level of care necessary to keep her child at home, their respite care services were reduced from 136 hours to 14 hours per month.(37) The decision was successfully appealed but for many other parents in the state the outcome was not as favorable:

> Many families had to go to a fair hearing process. Many could just not face that option, so gave up. Some placed their children in institutions or foster homes, or gave up work altogether and returned to the welfare rolls.(70)

Other state and local agencies in California are trying to fill the unmet needs of families with disabled children. A 1.1 increment over the base reimbursement rate per handicapped child is paid to agencies which integrate mildly handicapped with nonhandicapped children.(100) A Marin County program that serves infants, preschoolers and school-aged children successfully provides care for handicapped children along with nonhandicapped children.(63)

Locally-funded sick child centers provide a range of effective services.

Childhood illness and the current shortage of sick child care services put a particular strain on working families.(8, 100, 109) Too often parents must choose between losing a day of work, leaving a sick child home alone, or sending an unwell child to child care. Some employees fear reprisals for taking time off for sick children, and cover up by using their own sick days and/or vacation. According to the Lincoln National Life Insurance Company, parents miss an average 1.8 days of work every 90 days due to complications with child care arrangements, including the inability to find sick child care.(36) The Southland Corporation estimated they lose $60,000 per year due to parents taking time to care for sick children.(68)

The San Juan Bautista Child Development Center in San Jose, California, provides sick child care in a separate unit attached to the regular child care facility. The unit is open to the community. In addition to sick child services, the center provides health care to low-to-moderate income children enrolled in the regular program. They provide check-ups, screenings for disabilities, and immunizations, which also helps reduce the chance of an illness spreading in the center. If a child does become ill, he or she can usually be transferred safely to the sick care unit, which allows parents to remain at work.(19)

Sick child care is also cost-effective. Last year the Sick Child Unit served 1,450 children of parents who earned an average of $5.00 per hour. Parents, therefore, "saved" $58,000 in earnings which they would have lost by staying home. The cost to parents was only $2,246.(19)

The first significant use of federal funds for child day care began during World War II when, under the Lanham Act, funds were made available to the states to provide care for the children of mothers working in wartime industries. This program was terminated when the war ended.

Current federal support for child care is multifaceted. Many programs were significantly affected by recent budget and policy changes.

There is no single federal child care program. Funding for day care services is authorized under a variety of federal laws.

The largest source of federal funding for day care is indirect, through the Internal Revenue Code. Tax credits are provided for families with day care costs related to employment or education, and tax deductions can be taken by employers who provide some form of day care assistance to employees.

Programs financed under the Social Security Act continue to be one of the major sources of child care funds. Since 1962, a state-federal matching program has provided funds for child care services. Title XX of the Social Security Act, added in 1974, created the major social services program, which has been an increasingly important source of funding for child care for low and moderate income families. Title XX is now part of the Social Services Block Grant.

Additional funds for child care services have been provided through other programs, including Head Start, the Child Care Food Program, and the Job Training Partnership Act. Indirect child care support for some working low-income families has been provided through the income disregard for AFDC and food stamp benefits as well.

The Dependent Care Tax Credit

The largest source of support for child care services is through indirect funding provided under the Internal Revenue Code.

Under the tax code, a credit is available to families with children under 15 who incur child care expenses when both spouses work full time or when one spouse works part time or is a student. Divorced or separated parents who have custody of children, and single parents may also claim the credit.

Under prior law, the credit was limited to 20 percent of dependent care costs incurred, up to a maximum of $2,000 for one dependent and $4,000 for two or more dependents. In 1982, the credit was increased to 30 percent for taxpayers with incomes of $10,000 or less, with the credit reduced by one percentage point for each $2,000 of income between $10,000 and $28,000. The limits on eligible expenses were increased to $2,400 for one dependent and $4,800 for two or more dependents. Expenses for services provided outside the home in facilities which care for more than six individuals (other than individuals who reside at the facility) may be counted for purposes of the tax credit only if the facility complies with all applicable state and local laws and regulations.

According to estimates provided by the Joint Tax Committee, the amount "spent" under the Dependent (child) Care Tax Credit was $1.2 billion in FY 81. Totals for subsequent years can only be estimated: $1.35 billion in 1982, $1.52 billion in 1983, and $1.765 billion in 1984.

The Select Committee has learned that of the 4.6 million families claiming the Dependent Care Tax Credit in 1981, the majority of families (64 percent) are above the median income level. Only seven percent had incomes below $10,000. One witness explained:

> This program, which subsidizes the child care and other dependent care costs of families, does not, in its current form, benefit lower-income families, and it provides limited support to lower-middle income families. Even with refundability (a provision which would return to families that portion of their earned credit which their tax liability will not offset), the credit is not the best approach to assisting low-income families.(104)

Even if the credit had been refundable for these families the expense represented would only be two and one-half percent of the "cost" of the credit.(126)

The basic exemption for dependent children available to all taxpaying families is presently $1,000 for each dependent. The exemption has grown from $600 in 1948, but the current exemption does not nearly reflect the more than seven-fold increase in earnings since 1948. If it had, the current exemption would equal $5,600. According to one witness:

> The basic exemption for dependent children is being overshadowed by the use of the tax credit for child care. This should pose a serious concern to policy makers because a particular benefit, the credit, has developed a greater signficance than the general relief offered all families in the exemption. Offering the credit and its tax reducing effect may actually result in a loss of equity in our tax policy by being unfair to families engaging in the traditional mode of childraising with one parent at home.(126)

Sixty-seven countries, including all the developed countries except the United States, provide some type of family benefit program.(126, 159, 217) One witness suggested that both the credit and the dependent exemption could be replaced with a family allowance, because the credit does not adequately reach low-income families, and the exemption varies too widely depending on gross income and adjusted tax rates. In his view, a family allowance would also better serve parents who choose not to enter the labor force.(126)

Tax Provisions Relating to Employer-Assisted Day Care

Recent tax provisions have also been designed to stimulate employer-assisted child care. The Internal Revenue Code now explicitly excludes from an employee's gross income any payments by an employer for dependent care assistance, if the assistance is provided under a plan which meets certain conditions (Section 129 of the Internal Revenue Code). The program must be a separate written plan of an employer for the exclusive benefit of his employees and must be available to all employees.

Dependent care assistance which is eligible for the exclusion is limited to those amounts which, if paid for by the employee, would be eligible employment-related expenses under the child and dependent care credit. The value of the assistance provided to an employee under this provision must not exceed that employee's pay. (For additional discussion of salary reduction plans, see page 64.)

Other provisions in current law which authorize tax deductions and credits for employers who provide child care include: deductions for expenses considered to be "ordinary and necessary," including amounts paid to provide day care to employees; and, depreciation deductions under the accelerated cost recovery system for employer-provided day care facilities.

The Social Services Block Grant - Title XX

In 1982, the Social Services Block Grant replaced the Title XX Social Services Program. Under this program states receive federal funds to provide various social services including child care. Within broad federal guidelines, states are free to design their own programs, establish their own income eligibility criteria, and develop their own priorities for the use of funds. Any child care provided with Title XX funds must meet applicable standards of state and local law.

Child care traditionally has been the single largest service funded under Title XX. Prior to FY 1982, $200 million of these funds were targeted annually for child care.

Cuts in Title XX program budgets have meant difficult choices for states and fewer children served.

The Omnibus Budget Reconciliation Act of 1981 reduced federal funds for programs supported by the Social Services Block Grant by 21 percent, and eliminated the earmark for child care. Since that time Congress partially restored this cut by adding $200 million.

States have responded to these cuts in a variety of ways. For example:

- Thirty-two states provided Title XX funded child care to fewer children in 1983 than in 1981, and have cut their Title XX expenditures for child care;

- Sixteen states have cut Title XX expenditures for child care more than 21 percent;

- Nineteen states have increased fees for services, imposed minimum fees or allowed copayments for Title XX child care; and,

- Twenty-four states have reduced funds for training child care workers; and 33 states have lowered their child care standards for Title XX programs.(73)

A recent GAO report also examined the way states have coped with funding reductions under the Social Services Block Grant, and confirmed cutbacks in child care services. In spite of the fact that 11 of the 13 states surveyed increased other social services expenditures between 1981 and 1983, seven of 13 states surveyed tightened their client eligibility criteria for child care services. Six of 11 states that provided complete financial data indicated expenditures for child care services had decreased. Only two of the surveyed states increased their child care services.(174)

Since 1981, both the number of children who lost child care services and the number on waiting lists for subsidized slots have increased. For example:

Rhode Island	the number of children in subsidized child care declined from an average of 2,900 in FY 81 to about 300 in 1983, an 89 percent reduction;(50)
California	only one in three children who need subsidized care are being served;(24)
Texas	one million children live in poverty while only 200,000 are deemed income-eligible for child care services. Only eight percent (16,000) receive needed child care services;(13)

Michigan the number of children receiving subsidized day care dropped from 25,000 per month to just 7,000 per month since 1981.(48)

These and other cuts have led to what some consider to be a two-tier system of child care. Many child care centers have had to reserve slots for higher income families who can afford the cost of care, and are taking fewer children from lower income families.(29, 48, 73)

The Rhode Island Department of Social Services reported:

> As a consequence of the federal changes, child care centers are serving fewer low-income children; children are being left alone or being cared for through other child care arrangements, and the quality of existing centers has been reduced.(50)

Cuts in Title XX have also had dramatic impacts on how states serve families at high risk of child abuse and neglect.

Prior to the Title XX funding cuts, families in Minnesota needing child care as a treatment resource for child abuse prevention were allotted full payment for as long as necessary to complete the treatment plan. Currently, in one county, a three-month cap has been placed on the length of care and a ceiling begun on the daily allowance, "all of which require that the dysfunctional family bear costs of temporary crisis care, when indeed the crisis itself may have had its roots in financial problems."(64)

As a result of the Title XX budget cuts in 1981, South Carolina implemented a policy for children needing protective services which eliminated some children of working parents from child care programs.(97)

These restrictions have further reduced the availability of child care services for low-income children, who in many states already must come from very poor families to be eligible for Title XX assistance.

For example, many states still limit assistance to families earning less than half of the state's median income. In Texas this means only those families earning 47 percent of the median income are eligible.* In Iowa, the cut-off is 38 percent.**(174)

There is often no flexibility in these income guidelines. As a result, in many states parents are prevented from accepting even small wage increases, if they need child care assistance. A single mother of four children in Washington, D.C., told the Committee:

> When I was no longer income eligible, I tried the parent watch approach, but after repeated attempted break-ins and finally a break-in while the children were home alone, I decided again to refuse a raise and promotion. This was done so that I would become income eligible for day care services.(53)

Child Care as a Component of AFDC

Under Title IV of the Social Security Act, states are authorized to establish several different training and employment programs for recipients of Aid to Families with Dependent Children (AFDC).

The Work Incentive program (WIN), provides employment, training and supportive services for AFDC recipients who need these services in order to find jobs. Child care is one of the major supportive services provided by the WIN program. In addition, states may use WIN training money to train AFDC recipients as child care workers.

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* Median family income in Texas: $19,618 (1979).

** Median Family income in Iowa: $20,052 (1979).

Under the Community Work Experience Program (CWEP, sometimes referred to as "workfare") and Employment Search provisions, states are authorized to operate community work experience programs and to require AFDC recipients to participate in these programs as a condition of eligibility. These programs must be designed to improve the employability of participants through actual work experience and training, and to enable individuals to move into regular employment. AFDC recipients may be required to work in child care facilities under a state's CWEP program.

States are also authorized to require AFDC applicants and recipients to participate in employment search programs, but must provide participants in employment search programs transportation and other services (including child care), or pay expenses reasonably incurred in meeting employment search requirements.

The Job Training Partnership Act

In the past, the Comprehensive Employment and Training Act (CETA) provided funds for child care services in three ways: (1) by paying wages for child care employees (including Head Start employees) through the public service employment program; (2) by training child care workers; and (3) by providing child care as a supportive service to participants in CETA. The number of persons who received funds for these child care-related services is not known.

CETA expired at the end of FY 82, and was replaced by the Job Training Partnership Act (JTPA). This program allows training funds to be used to train child care workers. It also allows up to 15 percent of the funds to be used for supportive services, including child care services for persons enrolled in a training program. Waiver of this 15 percent limitation is permissible, however.(115) One of the conditions for which a waiver requested by the local Private Industry Council can be granted by the Governor is in those instances when child care costs exceed seven and one-half percent.

Witnesses have stated that the 15 percent set aside for support services is not sufficient. Use of these funds for child care must compete with other important support services, excluding many women from the program.(97, 103, 113) The Mayor of East Orange, New Jersey, reiterated:

> In particular, child care support should be an eligible training cost under the Job Training Partnership Act and should not have to come out of administrative funds. Education and training programs are the key to making many people self-sufficient.(103)

The Child Care Food Program

The child care food program was designed to provide nutritious meals to children in child care centers, family and group child care homes, and Head Start centers. Prior to 1981, child care providers were reimbursed for three meals and two snacks per day. Federal assistance was reduced in 1981, and now provides for only two meals (lunch and either breakfast or supper) and a snack. One witness pointed out the difficulty this has caused:

> The programs most affected by the reductions in meals are centers who care for children for ten to 12 hours a day and who provide many children with the bulk, if not all, of the meals they receive each day. Many of

> the programs serve large numbers of children from working poor families who travel long distances to work. They have no choice but to leave their children in a child care setting for long periods of time.(154)

A child care program in Minnesota could no longer participate in the Child Care Food Program when Title XX cuts reduced the number of low-income children in the program. As the director said, "Unfortunately, for Warm World's parents, the increased food costs will have to be reflected in higher tuition."(64)

Head Start

Head Start provides full-day and part-day educational, social, medical, and nutritional services to low-income preschool children, usually between the ages of three and five. The goal of Head Start is to bridge the gap in early childhood development that is thought to exist between economically disadvantaged children and their more advantaged peers, so that they can begin their formal education on a more equal basis. To be eligible for Head Start, children must live in families with incomes at or below the Office of Management and Budget poverty guidelines. Up to 10 percent of participating children may be from nonpoor families. In addition, at least ten percent of children served by Head Start must be drawn from among handicapped children. Along with approximately 1,200 regular centers across the country, Head Start funds approximately 25 migrant programs and 95 Indian programs. There are also around 30 parent/child centers, which provide services to infants zero through age three, and their parents and older siblings.

Using any measure, Head Start has been a success. It is a very cost effective program. Longitudinal studies have shown that children involved in quality early childhood education have fewer needs for special education, less welfare dependency and lower rates of arrest. Evaluations of many local programs have shown the same results.(164) However, Head Start continues to serve fewer than twenty percent of the eligible children.

III. PROTECTIONS AND SAFEGUARDS FOR CHILDREN IN OUT-OF-HOME CARE

Chapter 1. The Patchwork System

Just as there is no single child care setting which meets the needs of all families, there is no single factor which can determine how well children are cared for in that setting. Many criteria must be considered in the evaluation. State licensing and registration requirements, and enforcement, vary substantially from state to state.

Guaranteeing the health, safety, and well-being of children in out-of-home care is a goal shared by everyone. One of the factors, however, which makes the monitoring of out-of-home care difficult is the enormous variety in child-care settings: care may be provided in centers, preschool programs or nurseries; family day care homes; or, at home where the caregiver may be a relative or nonrelative. Child care centers are both for-profit and nonprofit, exist independently and are sponsored by churches, employers, or community organizations. Churches, in fact, are the single largest provider of space for early childhood programs in the nation. Nearly two million children are cared for in church buildings each day.(96)

Any of these arrangments may be licensed or unlicensed, registered or unregistered, depending on the state. The requirements included in licensing and registration may also vary substantially from state to state. Most state licensing requirements include minimum health and safety standards.

All states require child care centers to meet some licensing standards, whereas family day care homes are generally unlicensed. Some states have recently begun to "register" family day care homes. Registration is usually limited to submission of information about the provider, the types of child care services provided, and the number of children served. Meeting minimum licensing standards is generally not part of registration requirements.(41, 71, 141) Estimates are that 75-90 percent of family day care homes are still not licensed or registered.(41, 71, 141)

While nationwide data on the numbers of licensed and unlicensed family day care homes do not exist, we know from a few states, which maintain at least partial records, that thousands do exist. For example, 17,851 family day care homes are registered in Texas, an increase of 600 percent in the number registered since 1976.(12) Minnesota officials estimate there are 9,000 family day care homes in the state.(41) The National Day Care Home Study, the most recent national survey of family day care homes, was conducted between 1976-80. At that time, the Department of Health, Education and Welfare could identify only 140,000 regulated family day care homes nationwide.(71)

Licensing and regulation concerns were raised by many witnesses interested in ensuring that child care facilities and family day care homes truly enhance the health, safety and developmental needs of children.(7, 12, 23, 71, 91, 94, 96, 98, 112, 115, 117, 119, 123, 130, 142, 149) They were, of course, unanimous in their desire to see safe, nurturing, and developmentally appropriate environments for infants, toddlers, preschoolers, and school-aged children.

The Day Care Standards and Policy Specialist for the Licensing Branch of the Texas Department of Human Resources warned, however, that licensing itself is not necessarily an insurance policy: "It is risk reduction, not risk elimination."(12) Basic health and safety standards are designed to prevent, for instance, fire hazards, and to maintain sanitation levels, but do not necessarily cover all possible hazards.

States vary how they regulate the overall care provided to children in day care homes and centers. Researchers as well as those who provide the care, however, generally agree that the commitment, training, and skill of the child care provider seem to have the greatest impact on how well children are cared for. (67, 87, 98, 119, 130) One witness said that the "quality of care children and families receive is directly and inexorably linked to the well-being of these providers."(84) In addition, the number of children in any one child care setting, the number of adults present to care for those children, and/or the physical nature of the setting itself play an important role in determining the kind of care a child receives.(22, 44, 47, 88, 93, 108, 119, 130, 178, 192)

Licensing standards and regulations vary from state to state, and depend on active enforcement personnel to make them work. Licensing and inspection agencies need adequate funds for enforcement and inspections, or the impact of licensing statutes becomes limited. The Select Committee learned that enforcement has become more difficult as the number of licensed child care facilities has increased.(12, 154)

Cuts in federal funding for child care have forced many states to weaken licensing and regulatory requirements, and to cut back on licensing staff.(73, 123, 154) Thirty-three states have lowered standards for Title XX funded child care programs, and 32 states have cut back on the number of state child care staff who monitor and implement child care policies and regulations.(73)

Texas is one case in point, though by no means unique: between 1978 and 1983 the number of regulated facilities in Texas increased by 53 percent, while the number of licensing staff decreased by 43 percent.(12) Many other states face a similar dilemma.(154)

The increased number of regulated facilities in Texas is due to an actual increase in the number of registered family day care homes and the legal requirement for registration, but also can be attributed to incentives offered by the Child Care Food Program.(12)

Another approach to promoting high quality program and professional standards has been initiated by the National Association for The Education of Young Children. Their Center Accreditation Project will not replace state licensing requirements but will set voluntary evaluation criteria for early childhood centers and schools serving infants and preschool children, and programs serving school-age children before and after school. Outside validators in collaboration with program directors, caregivers and parents will participate in a process of self-study using criteria based on current research and field tests in 32 early childhood programs.(80)

The qualifications and commitment of the child care provider are the most important factors for enhancing the likelihood that children are well cared for in out-of-home settings. Yet current attitudes and policy toward the child care profession do not reflect this importance.

Current public attitudes regarding child care providers do not reflect their central role in the kind of care some children receive.(67, 84) Wages are low and fringe benefits few.(22, 84, 96, 192) Two out of three center-based caregivers earn wages below the poverty level.(154) As a result, turnover rates in centers average 30 percent a year, compared to 10 percent in other helping professions.(84) Not only is it more difficult to maintain high standards under these circumstances, but the trust children and parents have in their provider can also be greatly undermined by high turnover rates.(11)

Family day care providers battle a poor public image and social and professional isolation.(1, 88, 141, 154) Most family day care providers earn very little profit. As one witness testified: "to many members of the public, the family day care provider is nothing more than a babysitter. This is not the case at all.... A family day care provider is a person who provides a substitute for the child's family when that family is not available to tend to the physical and emotional needs of the child."(1) In spite of their important role, 87 percent of family day care providers earn below the minimum wage, and 94 percent have earnings below the poverty level.(154)

Successful strategies and incentives are in place for upgrading the important role child care providers play. Yet some of the most successful strategies have been curtailed or threatened with elimination by recent cutbacks.

Many witnesses recommended higher salaries and supportive employment policies for caregivers as a way to improve child care environments, (34, 47, 49 67) while others added that the availability of training opportunities and resource networks for providers have helped reinforce high standards of care.(1, 41, 84, 104, 154) A family day care provider from Fairfax, Virginia, explained how a voluntary training program, offered by the local Office for Children, had helped her:

> I learned how to approach family day care in a more professional manner, from how and what kind of records to keep for income tax purposes to the social, emotional and physical growth of the child, to how to deal with day care parents, and again, of course, the first aid. In addition, I received four credits of continuing education. I met many dedicated women in the training class, women of all ages, of all economic backgrounds and classes, women of all ethnic origins, and most importantly, how we had a common bond. We were women who wanted to care for children and we were there in this training class because we wanted to improve ourselves and the quality of care we provided.(1)

In many areas of the country, networks and associations of family day care home providers are being formed to raise the visibility of family day care providers within the child care community and to provide support services. In Tulsa, Oklahoma, a traveling van containing books, toys, and visual aids, driven by a trained child care professional, visits family day care homes and conducts workshops.(106) Family day care associations, in addition to providing training opportunities and support services, may also provide nutritional assistance, referral networks, emergency emotional and professional support, substitute care when providers are sick or on vacation, and assist in monitoring the requests made by state and local authorities.(1, 41, 89, 154)

The federal Child Care Food Program (CCFP) has not only brought nutritional benefit to children but it has also given many family day care providers assistance in upgrading their skills. To receive financial assistance in paying for meals and snacks for children in care, providers are required to meet state standards. When they enter the regulatory system these providers are also exposed to networking and training opportunities, and greater accessibility to the community.(41, 154) United States Department of Agriculture (USDA) estimates that 63,700 family day care homes are served through the Child Care Food Program.(41)

The director of an association which administers CCFP and other supports to family day care home providers told the Committee about the significant role CCFP can play in this regard:

> As we began the Child Care Food Program sponsorship for family day care, some very interesting things happened. People who otherwise had not been involved in licensing began to enter the rolls. In 1978 we had a slight growth in the number of providers from about 6000 to a little over 6,500. Today in Minnesota there are over 9,000 family day care providers. When I would get calls from the state director of licensing with statements like, 'We had a 300 percent increase in the number of requests for licensure in a particular county--I wonder what's going on.' I did not mention the benefits of the Child Care Food Program; however, I knew from my field staff that the reason people were getting licensed was because they would then have access to the financial support of the Child Care Food Program. It has been the primary incentive for people to become part of a regulated system.(41)

Credentialing for center-based child care providers has been offered through the Child Development Associates Credentialing Program (CDA). CDA is the only national program that credentials child care providers of preschool-age children. The program combines training, assessment and credentialing to help child care providers improve their knowledge and skills.(98)

In addition, CDA has developed a set of "competency standards" for center-based preschool care. These standards establish guidelines for maintaining a safe and healthy learning environment for children, as well as for enhancing the positive social and emotional development of the children in care. Since 1975, 15,000 people, from every state, have received the Child Development Associates credential, and over half of the states have incorporated the CDA credential into their licensing standards. The Committee learned, however, that, as a result of cutbacks in funding, the cost of this training is becoming prohibitive to providers.(98, 154)

Child Development Associates has recently completed field testing for a program to train providers of infant and toddler care, and has also established standards for such care. If additional funding is forthcoming, the credentialing mechanism will become available to family day care providers as well.(98)

There is no clear evidence that children in child care are at increased risk of more infectious outbreaks. They may be exposed at an earlier age to infectious agents than they would be if they avoided group interaction until they entered school. However, they may also have greater access to preventive health measures.

When many adults or children are in close and continual contact with each other, concern is heightened over the risk of disease. With regard to children in child care settings, the American Academy of Pediatrics told the Committee that:

> It should come as no surprise that there are health problems in struggling, underfinanced, yet highly needed child day care programs. Many of the health problems are the same as those experienced by children cared for by their parents in their own homes. Additionally, there are those health problems which result from the interaction of children in groups. (However) presently available research data are not adequate to formulate conclusions on risk of infection in day care.(91)

For the special health problems that may occur in child care centers, some, such as diarrheal outbreaks, can be controlled with appropriate handwashing routines by children and staff.(91, 195) Similar preventive activity is particularly important when working with infants. As one witness said, "Infants are simply more vulnerable than are older children, making it necessary to have at least one staff member for every three infants, to have staff reasonably well trained, and to have strict sanitation and infection control procedures...." (88) To meet the challenge, health standards and regulations for the prevention and management of infectious diseases in day care were called for.(91)

Child care centers also can provide early screening and preventive health care services for the participants. The early detection of medical problems and learning disabilities will obviously improve the chances of successful and less costly treatment.(106) Also, because of the interaction between physical health and developmental progress, early detection and treatment will also enhance the chances of sound, all-around development of the child.

Immunization programs, for example, can be administered at child care programs: "Nationally, children in day care programs have higher levels of complete immunization than children of the same age in the population as a whole."(91) In Pennsylvania, it was estimated that one child care immunization program increased the proportion of children with complete immunization from 63 percent to 95 percent between 1980 and 1981.(91)

For many low-income and migrant children, a child care program is one of the few places they will receive diagnostic and treatment services.(19, 38) Although there are few programs now providing such services, model programs do exist.(19) The Foundation Center for Phenomenological Research in Sacramento, California, for example, provides education, health screening and treatment, and nutrition education and supplementation to each migrant child in the Center's Family Day Care Home Program.(38)

Chapter 5. Child Abuse In Child Care Settings

Nothing has raised fears more among parents than recent reports of child abuse in child care. Policymakers, parents and concerned community agencies are responding quickly to prevent further abuse and promote safe environments.

Recent reports of child abuse in child care settings have added new concerns for parents as well as policymakers. The Committee learned, for example, that parents are expressing greater anxiety in their dealings with the child care system. Some have even begun to question the reliability of providers they have trusted for years.(9)

Changing providers, however, also creates difficulties for parents and disruptions for children. One parent testifying before the Committee told how, after a long and difficult and unsatisfactory search for stimulating care for her son, she one day witnessed the provider hitting her son on the leg:

> I was just stunned. I froze. I didn't know what to tell her or how to tell her at the time.... There were a lot of things that upset me and I wanted to complain about, but I didn't because I didn't want to put my child in any jeopardy. And, I needed these particular people.... I was dependent on them to have child care.(78)

Child abuse, including sexual abuse, is a terrible offense wherever it occurs. Recent incidents of abuse in child care have been well publicized, leaving the unfortunate impression that abuse in child care is widespread. In fact, statistics show that most abuse occurs within the family, or is committed by a relative, close friend or aquaintance. The Committee learned, for example, that at the King/Drew Medical Center in Los Angeles, between 800 to 900 abused children are treated per year. Of these, roughly 60 percent have been sexually abused.

About ten of those children, or about one percent, are identified as having been abused in a school or child care center. Although a great deal of child care is located in South Central Los Angeles, the King/Drew Medical Center had only eight cases of abuse in child care or schools out of the 661 children seen from July 1, 1983, to April 30, 1984.(82)

The publicity has had some positive effects, however. Child care and child abuse experts and parents are beginning to share information, and discuss ways to prevent the likelihood of abuse occurring in a child care setting.

There are many measures that can be taken to prevent abusive situations. Some witnesses emphasized the need for improved and reasonable regulations, and better enforcement. Others agreed, but expressed caution in placing all the emphasis on licensing. Signs of abuse can be very subtle and can often be covered up during infrequent, scheduled inspections.

Witnesses suggested that increased coordination of law enforcement officials, child protective services, child care providers and parents could serve as an added prevention measure. For example, in some instances information concerning people convicted of child abuse is not shared with social services agencies within a state. Some states have made efforts to correct this situation or are presently considering proposals to assure that no one who had been convicted and/or arrested for child abuse and neglect would be permitted to run or staff a child care center or family day care home.(12)

In Texas, all applicants for licensure (but not employees) must be investigated. The Texas Department of Human Resources checks its own records to determine if there is any indication that the individual had been found to have abused or neglected a child. If a finding is made, a recommendation is then made to deny the applicant a license. However, at this time, no investigation is conducted on the staff in the child care facility.(12)

State and local policymakers have moved quickly toward implementing policy that addresses the issue of physical and sexual abuse in child care settings. In 1984, New York, California and South Carolina passed legislation relating to licensing standards for child care personnel, prohibiting those with previous records or histories of child sexual abuse or sexual offenses from working in child care facilities.(122)

The Texas Department of Human Resources is currently requesting authority from their state legislature to undertake criminal investigation checks on applicants and staff in child care facilities. Unless there has been a conviction, a criminal record would not be a basis for revocation or denial of a license.(12)

The Governor's office in New Jersey also is developing legislation which would require employees at child care settings to undergo criminal background checks and fingerprinting. Encouraging parental involvement in monitoring child care centers is another component of the New Jersey Governor's plan.(116)

Chapter 6. Parental Involvement

Most witnesses who addressed the health and safety of children in child care settings identified parent involvement as essential to assuring the best care possible.

To maximize the health and safety of their children parents must play an active role in both the selection and monitoring of child care. Parents, however, need to have enough information to make wise choices.(9, 82, 98, 142) Parents who know what to look for will be better able to choose good care. Parents also need to learn how to detect signs of abuse, and to listen closely to their children. Parental involvement seems to be one of the keys to preventing abuse.

Child Development Associates has given over a quarter of a million parents input into the assessmont process. In the Child Development Associate's program, child care providers who are seeking a credential are assessed by their advisor, a parent/community representative, a nationally trained Child Development Associate representative, and the candidate herself, in a self-assessment. Said one witness, "if more parents became this involved in the care their child is receiving, we would be less likely to read about incidents of the sexual abuse of children in child care settings."(98)

Accreditation programs also can provide parents useful information about the child care options available. The National Association for the Education of Young Children (NAEYC) voluntary accreditation mechanism for group child care facilities would require higher and more uniform standards than most state licensing requirements currently in place.(80) This system would help identify for parents programs which meet the standards set by a reputable national organization of early childhood professionals.

Such efforts help reassure parents about the type of care provided. Parents who are more informed become more involved, which in turn raises the level of care. Many witnesses stressed that consumer education and parental involvement helped ultimately to promote safer and more enriched child care environments.(58, 82, 94, 112, 120, 130)

Parental involvement, unfortunately, is often limited due to extenuating circumstances that parents cannot totally control. One issue, for working parents in particular, is the time available to look into child care. Speaking from personal experience, one Virginia parent told the Committee:

> There is very little time to do extensive research on all the qualities a sitter or center may offer. Many a time a parent has just gotten a job that requires them to start immediately and leaves them the weekend, or less time, to find a babysitter. So they pick one that is inexpensive and try to evaluate the sitter as time goes by. Sometimes, it takes a very long time to find out that the center is very wrong for their child.(23)

Another impediment is the limited supply of child care opportunities. As one witness said:

> Of course, regulations need to be strengthened, parents need to be able to visit and talk with providers - but first and foremost they need to have choices in selecting child care. And choice means that parents must have alternatives and alternatives mean that there must be a sufficient supply.(82)

Chapter 7. The Role of Resource and Referral in Parent Involvement

Parents can only be involved when they have enough information and enough choices to make the right decisions. Resource and referral services are among the best facilitators of parental participation.

In the past decade, resource and referral programs have begun to develop in response to families' search for child care programs. The resource and referral services provide current information on available services. The combination of information, referral, counseling, and education serve to increase parents ability to choose the appropriate care for their child(ren).

As the director of the California Resource and Referral Network stated:

> The emphasis of this referral, matchmaking and education process is one of maximizing parental choice instead of attempting some form of placement or specific recommendation. The commitment to maximize parental choice is the foundation of most child care R&R referral policy/philosophy.(66)

Resource and referral (R&R) agencies can play a central role in providing consumer education to parents and the community. Consumer education in child care includes increasing parental knowledge of licensing standards, discussing how to interview a provider, and explaining how to do a site visit. Parents can be encouraged, for example, to inquire about fee policies, discipline approaches, and toilet training philosophies. R&R can also help parents learn the proper procedures to follow if problems do occur.(9, 66)

California has one of the most extensive, and the only state funded, resource and referral services. As part of a major child care initiative, the State of California appropriated funds for the California Child Care Resource and Referral Network and the 54 local R&R services which it represents.(66)

The Day Care Council of New York has established a computerized information, counseling, and referral service which serves all five boroughs of New York City. A vacancy control program is being put in place so that vacancies will be made known immediately to parents. The Day Care Council of New York emphasized both the importance of provider training and parental education in ensuring that high standards in day care centers are met. An information and referral service is one good vehicle to provide these essential components.(94)

Resource and referral agencies can also provide valuable technical assistance to child care programs on licensing and regulation. For example, the members of the California Child Care Resource and Referral Network provide technical assistance to child care facilities in the form of workshops, as well as literature on regulations, policies, and issues affecting child care providers and services.(66)

REFERENCES

1 *Bai Clay, Margaret, President, Virginia Family Day Care Association, (April 4, 1984)**

2 *Bergman, Roberta, Executive for Resource Development, Child Care Dallas, TX, (May 21, 1984)

3 *Breslin, Mary Lou, Deputy Director, Disability Rights Education and Defense Fund, Inc., Berkeley, CA, (June 18, 1984)

4 Bryant, Ariel G., California State Coordinator, Firehawks Children's Program; Inspector, Oakland Fire Prevention Bureau, Oakland Fire Department, CA, (June 18, 1984)

5 *Burton, Linda, Mothers At Home, Vienna, VA, (April 4, 1984)

6 Carey, Marijane, Director, INFOLINE, South Central Connecticut, (April 13, 1984)

7 Claxton, Nancy, Coordinator, Child Development Program, Department of Education, Orange County, CA, (December 7, 1983)

8 Clow, Suzanne, Associate Director, Phoenix Institute Salt Lake City, UT; Chairperson, Child Care Advisory Council of Utah, (December 6, 1983)

9 *Cohen, Betty, Co-Director and Coordinator of Social Services, BANANAS, Inc., Child Care Information and Referral and Parent Support, North Alameda County, CA, (June 18, 1984)

10 Domeikis, Carole, Deputy Director, Office of Commissions, County of Sonoma, CA, (June 18, 1984)

11 Elgort, Catherine, Infant Toddler Director, and Maureen Sharon, Early Childhood Services Director, Marin Jewish Community Center, San Rafael, CA, (June 18, 1984)

12 *English, Jean, Chief Policy Specialist, Licensing Branch, Texas Department of Human Resources, Austin, TX, (May 21, 1984)

13 *Esterline, Bruce, Former Executive Director, Corporate Child Development Fund for Texas, Austin, TX, (May 21, 1984)

14 Children's Commission, County of Santa Cruz, "A Feasibility Report by the Children's Commission Task Force on Employer Sponsored Child Care," CA, (June 18, 1984)

15 *Fidler, Richard, Director of Personnel, Zehntel Corporation, Walnut Creek, CA, (June 18, 1984)

16 Gasper, JoAnn, Deputy Assistant Secretary, Social Services Policy, U.S. Department of Health and Human Services, (April 4, 1984)

17 *Gilius, Teresa, Executive Director, Austin Families, Inc., Austin, TX, (May 21, 1984)

18 *Githens, James Carver, age 11, Baltimore, MD, (April 4, 1984)

19 *Gonzales, Gail, Administrator, Sick Child Care Unit and Health Care Coordinator, San Juan Bautista Child Development Center, San Jose, CA, (June 18, 1984)

20 *Graham, Becky, Parent, Houston, Texas, (May 21, 1984)

21 *Halpern, Madelon, Program Manager, Child Development Programs, San Francisco Unified School District, CA, (June 18, 1984)

22 *Hedgecoth, Patricia J., Chief, Child Care Services Bureau, State Department of Human Resources, Carson City, NV, (June 18, 1984)

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* These witnesses testified at hearings held as part of the Select Committee's national child care initiative.

** Dates in parentheses refer to the date of the hearing for which testimony was presented or submitted for the record.

23 *Henson, Rebecca J., Parent, Fairfax County, VA, (May 4, 1984)

24 *Hiteshew, Betsy, Chairperson, Child Development Policy Board, California Children's Lobby, Los Angeles, CA, (June 18, 1984)

25 *Hughes, Muriel Posten, Parent, Wheaton, MD, (April 4, 1984)

26 *James, Jerry L., Vice President, YMCA, San Antonio, TX, (May 21, 1984)

27 Johns, Mary Lee, Director, Children and Youth Services Program, Texas Conference of Churches, Austin, TX, (May 21, 1984)

28 - 32 *Kamerman, Sheila, Ph.D., Professor, Columbia University School of Social Work, New York, NY; Fellow, Center for Advanced Study in the Behavioral Sciences, Stanford, CA, (April 4, 1984)

33 Kaufman, Barry A., Ed.D., Chairperson, Department of Education, Dominican College, San Rafael, CA; Post-Doctoral Fellow, UCLA Bush Foundation, Program on Child Development and Social Policy, (June 18, 1984)

34 *Kravin, Fonda, Executive Director, Community Cooperative Services, Reno, NV, (June 18, 1984)

35 *Krevans, Julius R., M.D., Chancellor, University of California at San Francisco, (June 18, 1984)

36 Lincoln National Life Insurance Co., report from the Child Care Total Involvement Team, April 1984, Lincoln, IN, (May 21, 1984)

37 *Lipton, Diane, Parent, Richmond, CA, (June 18, 1984)

38 *Lopez, Antonia, Education and Staff Development Director, Foundation Center for Phenomenological Research, Inc.; Chair, Coalition of Migrant Child Development Agency Executives, Sacramento, CA, (June 18, 1984)

39 Lucas, Mary Lou, Chair, Strategies of a Decade Child Care Committee, United Way of the Bay Area, San Francisco, CA, (June 18, 1984)

40 Lundberg, Jonia E., President, California Family Women, Saratoga, CA, (June 18, 1984)

41 Maltz, Patricia, Chief Executive Officer, Quality Child Care, Inc., Minneapolis, MN, (April 4, 1984)

42 McCall, Carolyn, Ph.D., and Louise Rosenrantz, M.Ed., Prison Match, San Francisco, CA, (June 18, 1984)

43 *McNemar, Kathleen, Child Care Coordinator, Houston Committee for Private Sector Initiatives, TX, (May 21, 1984)

44 *Meyer, Doug, Director, Children's Ministries, First United Methodist Church, Dallas, TX, (May 21, 1984)

45 Mills, Allan, Family Day Care Home Provider, College Station, TX, (May 21, 1984)

46 *Jenkins-Monroe, Valata, Ph.D., Clinical Psychologist, Institute for Developmental Studies, Oakland, CA; President, Bay Area affiliate, National Black Child Development Institute, CA, (June 18, 1984)

47 Nash, Lola, Director, Yale-New Haven Hospital Infant-Toddler Center, CT, (April 13, 1984)

48 Overstreet, Edward J., Michigan Association of Children's Alliances, Lansing, MI, (March 5, 1984)

49 Parrick, Maxine, Executive Director, Shadelands Children's Center, Walnut Creek, CA, (June 18, 1984)

50 Rhode Island Department for Children and Their Families, "An Assessment of the Impact of Federal Budget Decisions on Services to Children and Families in Rhode Island," December 1983, (April 13, 1984)

51 Rhodes, Marie F., Director, Children's Respite Care, Carmichael , CA, (June 18, 1984)

52 *Rhones, Carletha, age 10, and Aaron, age 8, Washington, D.C., (April 4, 1984)

53 *Rhones, Joan, Parent, Washington, D.C., (April 4, 1984)

54 Fillin-Yeh, Susan, Parent, New Haven, CT, (April 4, 1984)

55,56 *Rodriguez, Gloria G., Executive Director, AVANCE Educational Program for Parents and Children, San Antonio, TX, (May 21, 1984)

57 *Rush, Louise, Director, Employer Related Child Care Project, Contra Costa Children's Council, Concord, CA, (June 18, 1984)

58 *Sale, June Solnit, Director, UCLA Child Care Services; Co-Director, UCLA Bush Foundation Program on Child Development and Social Policy, Los Angeles, CA, (June 18, 1984)

59 *Schmalzreid, Beverly, Air Force Family Activities Administrator, Morale, Welfare, and Recreation Directerate, Air Force Manpower and Personnel Center, U.S. Air Force, Randolph Air Force Base, TX, (May 21, 1984)

60,61 *Schmitt, Gail, District Manager, Kinder-Care Learning Center, Deer Park, TX, (May 21, 1984)

62 *Schneider, Sharon, Parent, Carmichael, CA, (June 18, 1984)

63 *Seiderman, Ethel, Director, Fairfax-San Anselmo Children's Center, Inc., Fairfax, CA, (June 18, 1984)

64 Shafer, Lynn, Administrative Director, Warm World Child Development Center, Stillwater, MN, (September 26, 1983)

65 Shaffer, Betty, Chair, Child Care Advocates of America, Orange County, CA, (December 7, 1983)

66 *Siegel, Patricia, Executive Director, California Child Care Resource and Referral Network, San Francisco; Chair, Child Development Programs Advisory Committee, CA, (June 18, 1984)

67 *Sneider, Ann, Executive Director, Neighborhood Centers, Inc., Houston, TX, (May 21, 1984)

68 *Snyder, Wayne, Corporate Manager, Employee Services, The Southland Corporation, Dallas, TX, (May 21, 1984)

69 *Spencer-Perry, Eyana, age 10, Oakland, CA, (June 18, 1984)

70 Steneberg, Doreen P., Parent, El Cerrito, CA, (June 18, 1984)

71 *Stevenson, Carol S., Staff Attorney, Child Care Law Center, San Francisco, CA, (June 18, 1984)

72 *Stewart, Hope, Office Manager/Bookkeeper, Fairfax-San Anselmo Children's Center, Inc., Fairfax, CA, (June 18, 1984)

73 *Thompkins, Rachel, Executive Director, Children's Defense Fund, Washington, D.C., (April 4, 1984)

74 Thompson, Mary, President, San Diego Family Day Care Association; Member, Board of Directors, California Association for the Education of Young Children, CA, (June 6, 1984)

75 United Community Services of Metropolitan Detroit, "In Support of Families," report from the Family Function and Support Task Force, March, 1981, Detroit, MI, (March 5, 1984)

76 *Vong, Binh, age 8, Marin County, CA, (June 18, 1984)

77 *Walker, Gayland, Director of Pupil Transportation, Austin Independent School District, TX, (May 21, 1984)

78 *Walker, Michele, Parent, Oakland, CA, (June 18, 1984)

79 Watkins, Bonnie, Parent, Austin, TX, (May 21, 1984)

80 *Watson, Jeanette, Governing Board, National Association for the Education of Young Children, Austin, TX; Former President, Austin AEYC; Former President, Southern Association for Children Under Six, (May 21, 1984)

81 Wehking, Mary, Director, Washtenaw County Child Care Coordinating and Referral Service, Ann Arbor, MI, (March 5, 1984)

82 *Weinstein, Vivian, Associate Professor of Pediatrics, King/Drew Medical Center, Los Angeles, CA, (June 18, 1984)

83 *Weltz, Sister Ann, C.S.J., Director, Bay Area Crisis Nursery, Concord, CA, (June 18, 1984)

84 *Whitebook, Marcy, Director, Child Care Employee Project, Berkeley, CA, (June 18, 1984).

85 Wiseman, Bonnie, Parent, Springfield, VA, (April 4, 1984)

86 Yanke, Michael, Second Vice President, Phoenix Mutual Life Insurance Company, Hartford, CT, (April 13, 1984)

87 *Yeamans, Ann, Parent; Chairman, Olney Extended Day Care Center, Olney, MD; Board of Directors, Montgomery Child Day Care Association, Montgomery County, MD, (April 4, 1984)

88,89 *Zigler, Edward, Sterling Professor of Psychology; Head, the Psychology Section, Yale Child Study Center; Director, Bush Center in Child Development and Social Policy, Yale University, New Haven, CT, (April 4, 1984)

90 Zimmer, Richard, Professor of Anthropology, Hutchins School, Sonoma State University, Rohnert Park, CA, (June 18, 1984)

91 *Aronson, Susan, M.D., Chair, Pennsylvania Chapter, American Academy of Pediatrics; on behalf of the American Academy of Pediatrics, Arlington, VA, (September 6, 1984)

92 Burud, Sandra L., Principal Investigator, National Employer Supported Child Care Project, Child Care Information Service, Pasadena, CA, (June 18, 1984)

93 *Belsky, Jay, Ph.D., Associate Professor of Human Development, Pennsylvania State University; on behalf of the American Psychological Association and the Association for the Advancement of Psychology, Washington, D.C., (September 5, 1984)

94 *Black, Joyce, Public Policy Chair, Child Welfare League of America; President, Day Care Council of New York, (September 5, 1984)

95 *Brubaker, Cynthia, Public Policy Chair, The Association of Junior Leagues, Inc., New York, NY, (September 6, 1984)

96 *Burke, Kenyon, Associate General Secretary, Division of Church and Society, National Council of Churches of Christ, New York, NY, (September 5, 1984)

97 *Ahrens, The Honorable Diane, Commissioner, Ramsey County, MN; on behalf of the National Association of Counties, Washington, D.C., (September 5, 1984)

98 *Carnes, Betty V., Chair, Executive Board, Child Development Associates Credentialing Commission; Human Services Coordinator, State Health and Human Services Finance Commission, Columbia, SC, (September 6, 1984)

99 *Carr, Irene, State-wide Secretary, The New York State Civil Service Employees Association; on behalf of the American Federation of State, County and Municipal Employees, Washington, D.C., (September 5, 1984)

100 Cervantes, Robert, Assistant Superintendent, Child Development Division, California State Department of Education, Sacramento, CA, (June 18, 1984)

101 Codner, Blossom, Parent, New Haven, CT, (April 13, 1984)

102 Cohn, Anne, Executive Director, National Committee for Prevention of Child Abuse, Chicago, IL, (March 12, 1984)

103 *Cooke, The Honorable Thomas H., Mayor, East Orange, NJ, Chairman, Human Development Committee, U.S. Conference of Mayors, Washington, D.C., (September 5, 1984)

104 *Curtis, Carla, Public Policy Analyst, National Black Child Development Institute, Washington, D.C., (September 5, 1984)

105 *DeConcini, The Honorable Dennis, Member, U.S. Senate, Arizona, (September 6, 1984)

106 *Dobkin, Nina, Member, Children and Youth Priority, National Council of Jewish Women, New York, NY, (September 6, 1984)

107 U.S. Bureau of the Census, Current Population Reports, Special Studies Series P-23, No. 117, "Trends in Child Care Arrangements of Working Mothers," 1977

108 *Etaugh, Claire, Chair and Professor of Psychology, Bradley University, Peoria, IL, (September 5, 1984)

109 Fleenor, Louise, Director, Child Day Care Services, Children's Home Society of California, Los Angeles, CA, (June 18, 1984)

110 Fontana, Vincent, Medical Director and Pediatrician-in-Chief, New York Foundling Hospital Center for Parent and Child Development; Professor of Clinical Pediatrics, New York University College of Medicine; Chairman of Mayor's Task Force on Child Abuse and Neglect of the City of New York, (March 12, 1984)

111 *Friedman, Dana, Senior Research Fellow, Work and Family Information Center, The Conference Board, New York, NY, (September 5, 1984)

112 *Guggenheimer, Elinor, President, Child Care Action Campaign, New York, NY, (September 5, 1984)

113 *Harder, Sarah, Director, Legislative Program, American Association of University Women, Washington, D.C.; Assistant to the Vice Chancellor, University of Wisconsin-Eau Clair, (September 5, 1984)

114 *Romaine, Michael F., Ph.D., Vice-President, Community Relations, Zale Corporation, Irving, TX, (Site Visit), (May 21, 1984)

115 *Holmes, Julia, Second Vice President, League of Women Voters of the United States, Washington, D.C., (September 5, 1984)

116 *Kean, The Honorable Thomas H., Governor, State of New Jersey; Chair, Human Resources Committee, National Governor's Association, (September 5, 1984)

117 *Kowash, Robert, Early Childhood Learning Centers, Inc.; on behalf of the National Association for Child Care Management, Washington, D.C., (September 6, 1984)

118 Krauskopf, James A., Administrator/Commissioner, New York City Human Resources Administration, NY, (September 5, 1984)

119 Leonard, Martha, M.D., Professor of Pediatrics, Yale Child Study Center; Chair, Government Liason Committee, Connecticut Chapter, American Academy of Pediatrics, (April 13, 1984)

120 *Liddell, Louisa, Executive Director, Future Homemakers of America; accompanied by Jane Quinn, Director of Program Services Girls Clubs of America, Inc., New York, NY; on behalf of the National Collaboration for Youth, Washington, D.C., (September 6, 1984)

121 Lipsitz, Joan, Ph.D., Director, Center for Early Adolescence, University of North Carolina at Chapel Hill, (October 27, 1983)

122 *Maroney, The Honorable Jane, Member, Delaware State House of Representatives, Wilmington; Chair, Advisory Committee on Children and Youth, National Conference of State Legislatures, (September 5, 1984)

123 *Hutchinson, Barbara B., Vice President, American Federation of Labor and Congress of Industrial Organizations; Director, Women's Department, American Federation of Government Employees, Washington, D.C., (September 6, 1984)

124 Millstein, Merrilee, Chair, Child Care Committee, Permanent Commission on the Status of Women; and Susan Bucknell, Executive Director, Permanent Commission on the Status of Women, Hartford, CT, (April 13, 1984)

125 Osterholm, Michael T., Ph.D., M.P.H., Chief, Acute Disease Epidemiology Section, Minnesota Department of Health; Clinical Assistant Professor, Division of Epidemiology, University of Minnesota, (September 5, 1984)

126 *Piccione, Joseph, Research Associate, Child and Family Protection Institute, Washington, D.C., (September 6, 1984)

127 Fosberg, Steven, "Family Day Care in the United States: Summary of Findings," final report of the National Day Care Home Study, prepared for the Office of Children, Youth and Families , U.S. Department of Health and Human Services, 1981

128 Reid-Green, Carolyn, Ph.D., Project Director, Friends Outside, Family Reunification Project, California Institution for Women, Salinas, CA, (June 18, 1984)

129 Holmes, Delores, Director, Family Focus/Our Place, Evanston, IL, (September 26, 1983)

130 *Weissbourd, Bernice, Vice Chairman, Committee on Public Policy and Public Education, National Center for Clinical Infant Programs, Washington, D.C.; President, Family Focus, Inc., and Family Resources Coalition, Chicago, IL; Vice President, National Association for the Education of Young Children, (September 5, 1984)

131 Sayres, Martha, Director, Office of Academic Careers, Harvard Medical School, Boston, MA, (September 5, 1984)

132 Service Employees International Union, Washington, D.C., (June 18, 1984)

133 Seligson, Michelle, School-Age Child Care Project, Wellesley College Center for Research on Women, Wellesley, MA, (September 5, 1984)

134 *Johnson, Loretta, Vice President, American Federation of Teachers; Chair, American Federation of Teachers' Women's Rights Committee, Washington, D.C., (September 6, 1984)

135 Shumaker, Paul, Executive Vice President, Human Resources and Administrative Affairs, Cuyahoga Community College, Cleveland, OH; on behalf of the National Coalition for Campus Child Care, (September 5, 1984)

136 Silverman, Phyllis, Director, Career and Family Center, Catalyst, New York, NY, (September 5, 1984)

137 Tankoos, David, Parent, Hamden, CT, (April 13, 1984)

138 *Theban, John, Chief Executive Officer, Child and Family Services, Washington, D.C.; on behalf of the Coalition of Family Organizations, (September 6, 1984)

139 Weikart, David, Director, High/Scope Educational Research Foundation, Ypsilanti, MI, (June 30, 1983)

140 Waldo, Viola, Parent, New Haven, CT (April 13, 1984)

141 *Weinstein, Lori, Director, National Advocacy Project for Family Day Care, The Children's Foundation, Washington, D.C., (September 6, 1984)

142 *Gary, Warlene, Associate Director, Government Relations, National Education Association, Washington, D.C., (September 6, 1984)

143 Harris, Irving B., Chairman, Pittway Corporation, Chicago, IL, (July 12, 1983)

144 Brown, Larry, Director, Child Protection Division, American Humane Association, Denver, CO, (September 5, 1984)

145 Soloway, Ron, Executive Director, Center for Public Advocacy Research, New York, NY, (September 5, 1984)

146 Schuchert, Johanna, Executive Director, Parents Anonymous of Virginia, (March 12, 1984)

147 Yocum, Jan Calderon, Executive Director, National Institute for Hispanic Children and Families/El Centro de Rosemount, Washington, D.C., (September 5, 1984)

148 Clinger, The Honorable William, U.S. House of Representatives, Pennsylvania; Chairman, The House Wednesday Group, (September 5, 1984)

149 Dorris, Doris, Executive Director, Professional Association for Childhood Education, Danville, CA, (June 18, 1984)

150 Miller, Carole, Parent, Concord, CA, (June 18, 1984)

151 Cole, Eunice, President, American Nurses Association, Inc., Kansas City, MO, (September 5, 1984)

152 Tanner, Harry, Executive Director, Community Council of Greater Dallas, "Child Day Care in Texas: The United Way Perspective," a report prepared by the United Way of Texas, TX, (May 21, 1984)

153 Taylor, Mary, San Antonio Coalition for Children and Youth, TX, (May 21, 1984)

154 Ad Hoc Day Care Coalition, Washington, D.C., (September 5, 1984)

155 Dawson, Ann Gilman, Principal Investigator, Foundation for Human Service Studies, Inc., Chicago, IL, "Employer Sponsored Child Care Services, a study prepared for the U.S. Department of Health and Human Services, (September 5, 1984)

156 Presser, Harriet, Professor of Sociology, Division of Behavioral and Social Sciences, University of Maryland, (September 5, 1984)

157 Lasky, Deborah, Director, Child Development Center for Infants and Toddlers, North Orange County YWCA, CA, (December 18, 1983)

158 Thomas, Kimberly, Program Development Specialist, Child Care Services, University of California at Berkeley, (September 5, 1984)

159 Kamerman, Sheila, Ph.D., Professor, Columbia University School of Social Work, NY; Fellow, Center for Advanced Study in the Behavioral Sciences, Stanford, CA, (April 4, 1984).

160 Child Care Task Force, State of Maine, Department of Human Services and Department of Educational and Cultural Services, (September 5, 1984)

161 Wolfe, Leslie, Director, Project on Equal Education Rights, Washington, D.C., (September 5, 1984)

162 *Tate, Deanna R., Ph.D., Department Chair and Associate Professor, Department of Child Development and Family Living, Texas Woman's University, (September 5, 1984)

163 Children's Defense Fund, Washington, D.C., (September 5, 1984)

164 Select Committee on Children, Youth, and Families, "Children, Youth, and Families: 1983: A Year-End Report on the Activities of the Select Committee on Children, Youth, and Families," U.S. House of Representatives, March 1984

165 Baldwin, Wendy, Ph.D., Chief, Demographic and Behavioral Sciences, Center of Population Research, National Institute of Child Health and Human Development, Bethesda, MD, (July 20, 1983)

166 Bennetts, Leslie, "Minding the Children: Parents Find a Wide Variety of Day Care Quality in U.S.," *New York Times*, September 3, 1984, (September 5, 1984)

167 Birch, Tom L., National Committee for Prevention of Child Abuse, Chicago, IL, (September 5, 1984)

168 Block, Eve, Executive Director, Statewide Youth Advocacy Inc., Rochester, NY, (July 25, 1983)

169 Brazelton, T. Berry, M.D., Chief, Division of Child Development, Children's Hospital; Associate Professor of Pediatrics, Harvard Medical School, Boston, MA, (September 5, 1984)
170 Collins, Glenn, "Minding the Children: Experts Debate Impact of Day Care Children on Society," New York Times, September 4, 1984 (September 5, 1984)
171 Montgomery, Velmette, and Antony Ward, Ph.D., Co-Directors, The Day Care Forum, Inc., New York, NY (September 5, 1984)
172 Feinberg, Lawrence, "Areas of Affluence -- Fairfax and Montgomery Lead Census Bureaus's List of Wealthiest Large Counties", Washington Post, March 21, 1984, (September 5, 1984)
173 Gamble, Thomas J., Ph.D., Erie County Office of Children and Youth; Yale University Bush Center for Child Development and Social Policy, New Haven, CT, (September 5, 1984)
174 General Accounting Office Report, "States Use Several Strategies to Cope with Funding Reductions Under Social Service Block Grants," August 9, 1984, HDR-84-68, (September 5, 1984)
175 Heade, Rev. Herman, Jr., National Director of Urban Affairs and Church Relations, Prison Fellowship, Washington, D.C., (November 10, 1983)
176 Jackson, Beverly Roberson, Ed.D., Director, Department of Human Welfare, General Board of Church and Society, The United Methodist Church, Washington, D.C., (September 5, 1984)
177 Page, Robin A., President, University of Utah Single Parents Association, (December 6, 1983)
178 Kagan, Jerome, Ph.D., Professor of Psychology, Harvard University, Cambridge, MA, (September 5, 1984)
179 Kolben, Nancy, Director, Employers and Day Care Project, PAWS Pre-School Association, Inc., New York, NY, (September 5, 1984)
180 Lindsey, Robert, "Minding the Children: Increased Demand for Day Care Prompts a Debate on Regulation," New York Times, September 2, 1984, (September 5, 1984)
181 Dunford, Mitzi, Former Director of Public Issues and Advocacy, Junior League of Salt Lake City, UT, (December 6, 1983)
182 Maldonado, Dan, Executive Director, Institute of Human Resource Development, Salt Lake City, UT, (December 6, 1983)
183 Mann, Judy, "Investment," Washington Post, August 17, 1984, (September 5, 1984)
184 Mann, Judy, "Child Care," Washington Post, August 1, 1984, (September 5, 1984)
185 Mann, Judy, "Child Care," Washington Post, August 3, 1984, (September 5, 1984)
186 McAliley, Janet, Member, Dade County Board of Education, Miami, FL, (October 14, 1983)
187 McCartney, Kathleen, Ph.D., Assistant Professor, Department of Psychology and Social Relations, Harvard University, Cambridge, MA, (September 5, 1984)
188 McFadden, Joan R., Executive Director, American Home Economics Association, Washington, D.C., (September 5, 1984)
189 McGee, Elizabeth A., Director, Economic Self-Sufficiency for Teenage Parents Project, National Child Labor Committee, New York, NY, (July 20, 1984)
190 *McNair, Ella, Director, Program Planning and Development, Delta Sigma Theta Sorority, Inc., Rosslyn, VA, (September 6, 1984)
191 National Association for the Education of Young Children, Child Care Licensing Position, (September 5, 1984)

192 Sweeney, John J., International President, Service Employees International Union, American Federation of Labor-Congress of Industrial Organizations, Central Labor Council, Washington, D.C., (September 5, 1984)

193 Office of the Governor, State of North Carolina, "Helping Working Parents: Child Care Options for Business", June, 1981, (September 5, 1984)

194 Pearlman, Ronald A., Acting Assistant Secretary on Tax Policy, U.S. Department of the Treasury, (September 5, 1984)

195 Tate, Deanna, Ph.D., and Sylvia E. Schmidt, Department of Child Development and Family Living, Texas Woman's University, "New Resources for Children and Families: The 1981 Economic Recovery Act," (September 5, 1984)

196 Pingree, David H., Secretary, State Department of Health and Rehabilitative Services, FL, (October 14, 1983)

197 President's Advisory Council on Private Sector Initiatives and the White House Office of Private Sector Initiatives, "Employer Options to Support Working Families," (September 5, 1984)

198 Probst, Annice M., Pre-School Association of the West Side, New York, NY, (September 5, 1984)

199 Women's Bureau, U.S. Department of Labor, "Federal Legislation on Day Care," (September 5, 1984)

200 Richard, Carol, Director, United Day Care Center, Fort Collins, CO, (September 5, 1984)

201 Select Committee on Children, Youth, and Families, "Demographic and Social Trends: Implications for Federal Support of Dependent Care Services for Children and the Elderly," December, 1983, prepared by the Congressional Budget Office

202 Rothberg, Diana, President, Association of Part-Time Professionals, McLean, VA, (September 5, 1984)

203 Scarr, Sandra, Ph.D., Commonwealth Professor of Psychology, University of Virginia, (September 5, 1984)

204 Smith, Gerrie M., Child Care Advisory Council, Fairfax County, VA; testimony presented before the Senate Agriculture Committee, April 4, 1984, (September 5, 1984)

205 Malone, Margaret, Education and Public Welfare Division, The Library of Congress Congressional Research Service, Issue Brief Number IB81027, July, 1983

206 Herrity, John H., Chairman, Board of Supervisors, Fairfax County, VA, letter dated November 16, 1981 to The Honorable David Stockman, Director, Office of Management and Budget, (September 5, 1984)

207 Anderson, Kristin, Project Director, Working Parents Project, The Center for Public Advocacy Research, New York, NY, (September 5, 1984)

208 Tall Bull, Susan Vassau, Acting Executive Director, Qua Qui Corporation, Missoula Indian Center, MT, (December 6, 1983)

209 Weiss, Rita S., Ph.D., Assistant Dean, College of Arts and Sciences, Inreal Project Director; Professor, Department of Communication Disorders and Speech Science, University of Colorado, Boulder, CO, (December 6, 1984)

210 Whitworth, Shauna, Director of Research, Military Family Resource Center, Springfield, VA, (November 10, 1983)

211 Wickham, Gen. John A., Jr., Chief of Staff, U.S. Army, Washington, D.C., (November 10, 1983)

212 Wiessler, David and Jeannye Thorton, "Who'll Watch the Kids? Working Parents' Worry," U.S. News and World Report, (September 5, 1984)

213 Wolf, The Honorable Frank, U.S. House of Representatives, Virginia, (September 5, 1984)

215 Woolsey, Suzanne, "Pied Piper Politics and the Child Care Debate," *DAEDALUS, Journal of the American Academy of Arts and Sciences*, Vol. 106, No. 2, Spring 1977, (September 5, 1984)

216 Wynn, Karen, Executive Director, American Indian Education Consultants, Inc., Tucson, AZ, (December 7, 1983)

217 Young, James T., President, Board of Directors, Children's Aid Society of Utah; President, Early Childhood Research Program, Utah State University, (December 6, 1983)

218 Zigler, Edward and Susan Muenchow, "Infant Day Care and Infant Care Leaves: A Policy Vacuum," *American Psychologist*, Vol. 38, No 1, January, 1983, (September 5, 1984)

219 U.S. Bureau of the Census, Current Population Reports, Special Studies Series P-23, No. 129, "Child Care Arrangements of Working Mothers: June 1982"

220 Office of Special Education and Rehabilitative Services, U.S. Department of Education, "To Assure the Free Appropriate Public Education of All Handicapped Children," Sixth Annual Report to Congress on the Implementation of Public Law 94-142: The Education for All Handicapped Children Act, 1984

221 Select Committee on Children, Youth and Families, "Federal Programs Affecting Children," January, 1984

222 *Etaugh, Claire, Chair and Professor of Psychology, Bradley University, Peoria, IL, (September 5, 1984)

APPENDIX I

LIST OF ORGANIZATIONS SUPPORTING THE CHILD CARE ACTIVITIES OF THE SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES

American Academy of Child Psychiatry
American Academy of Pediatrics
American Association of University Women
American Baptist Churches
American Bar Association
American Federation of Federal, State, County, and Municipal Employees
American Federation of Teachers
American Home Economics Association
American Humane Association
American Jewish Committee
American Nurses Association
American Psychological Association
American Red Cross
Association of Junior Leagues, Inc.
Boys Clubs of America
B'nai Brith Women
Campfire, Inc.
Center for the Family of the American Home Economics Association
Child Care Action Campaign
Child Welfare League of America
Children's Defense Fund
Children's Foundation
Church of the Brethren
City of New York
Council for Exceptional Children
Council of Jewish Federations
Delta Sigma Theta Sorority, Inc.
Disability Rights Education and Defense Fund, Inc.
Friends Committee on National Legislation
Future Homemakers of America
Girl Scouts of the U.S.A.
Girls Clubs of America, Inc.
International Ladies Garment Workers Union
League of Women Voters
Lutheran Council in the U.S.A.
National Assembly of the National Voluntary Health and Social Welfare Organizations, Inc.
National Association for Child Care Management
National Association for the Education of Young Children
National Association of Counties
National Association of Elementary School Principals
National Association of Social Workers
National Black Child Development Institute
National Center for Clinical Infant Programs
National Child Abuse Coalition
National Coalition for Campus Child Care
National Collaboration for Youth
National Commission on Working Women
National Committee for the Prevention of Child Abuse
National Council of Jewish Women
National Education Association
National Federation of Business and Professional Women's Clubs, Inc. of the U.S.A.
National Mental Health Association
National Network of Runaway and Youth Services
National Women's Political Caucus
Parents Without Partners
Pioneer Women
Project on Equal Education Rights/NOW Legal Defense Fund
Save the Children

School-Age Child Care Project, Wellesley College
Service Employees International Union, AFL-CIO
United Church of Christ, Office for Church and Society
United Methodist Church, Department of Human Welfare
United Methodist Church, Office of Public Policy,
  Women's Division
Wider Opportunities for Women
Women's Equity Action League
YMCA
YWCA

APPENDIX II

The Select Committee on Children, Youth, and Families was created by the 98th Congress in 1983 to provide an on-going assessment of the conditions of American children and families, and to make recommendations to Congress and the public about how to improve public and private sector policies for this constituency.

HEARINGS

1983

Beginning the Assessment
April 28 - Washington, D.C.
(GPO stock #052-070-058-69-2, $5.00 per copy)

Prevention Strategies for Healthy Babies and Healthy Children
(Prevention Strategies Task Force)
June 30 - Washington, D.C.
(GPO stock #052-070-058-83-8, $8.00 per copy)

Families in Crisis: The Private Sector Response
(Crisis Intervention Task Force)
July 12 - Washington, D.C.
(GPO stock #052-070-058-86-2, $4.00 per copy)

Supporting a Family: Providing the Basics
(Economic Security Task Force)
July 18 - Washington, D.C.
(GPO stock #052-070-058-87-1, $5.00 per copy)

Teen Parents and Their Children: Issues and Programs
(Prevention Strategies Task Force)
July 20 - Washington, D.C.
(GPO stock #052-070-058-96-0, $5.00 per copy)

Children, Youth, and Families in the Northeast
July 25 - New York, New York
(GPO stock #052-070-059-19-2, $7.00 per copy)

Children's Fears of War
September 20 - Washington, D.C.
(GPO stock #052-070-059-13-3, $4.00 per copy)

Children, Youth, and Families in the Midwest
September 26 - St. Paul, Minnesota
(GPO stock #052-070-059-25-7, $4.25 per copy)

Children, Youth, and Families in the Southeast
October 14 - Miami, Florida
(GPO stock #052-070-059-39-7, $4.50 per copy)

Teenagers in Crisis: Issues and Programs
(Crisis Intervention Task Force)
October 27 - Washington, D.C.
(GPO stock #052-070-059-38-9, $3.75 per copy)

Paternal Absence and Fathers' Roles
(Economic Security Task Force)
November 10 - Washington, D.C.
(GPO stock #052-070-059-44-3, $4.25 per copy)

Children, Youth, and Families in the Mountain West
December 6 - Salt Lake City, Utah
(GPO stock #052-070-059-47-8, $6.50 per copy)

Children, Youth, and Families in the Southwest
December 7 - Santa Ana, California
(GPO stock #052-070-059-48-6, $6.50 per copy)

1984 (To date)

The New Unemployed: Long-Term Consequences for Their Families
March 5 - Detroit, Michigan

Child Abuse: What We Know About Prevention Strategies
(Prevention Strategies Task Force)
March 12 - Washington, D.C.

Child Care: Beginning A National Debate
April 4 - Washington, D.C.

Working Families: Issues for the 80's
April 13 - Hamden, Connecticut

Youth and the Justice System: Can We Intervene Earlier?
(Crisis Intervention Task Force)
May 18 - New Orleans, Louisiana

Child Care: Exploring Private and Public Sector Approaches
May 21 - Irving (Dallas/Fort Worth), Texas

Improving American Education: Roles for Parents
(Prevention Strategies Task Force)
June 7 - Washington, D.C.

Violence and Abuse in American Families
June 14 - Washington, D.C.

Child Care: Exploring Private and Public Sector Approaches
June 18 - San Francisco, California

Child Care: "Improving Child Care Services: What Can Be Done?"
September 5 and 6 - Washington, D.C.

Child Care: "Child Abuse and Day Care"
Joint hearing with the Ways and Means Subcommittee on Oversight, September 17 - Washington, D. C.

APPENDIX III

SITE VISITS

1983

Under 21, Covenant House - New York, New York
(Multi-service program and long-term emergency shelter for runaway and homeless youth)

Hotel Martinique - New York, New York
(Housing for homeless families)

St. Paul Maternal and Infant Care Project, St. Paul Central High School, St. Paul, Minnesota
(High school clinic, education and day care program)

Mailman Center for Child Development and Jackson Memorial Hospital - Miami, Florida
(including Neonatal Intensive Care Unit, University of Miami)

Primary Children's Medical Center - Salt Lake City, Utah
(including In-Patient Treatment Program, Department of Child Psychiatry; Intermountain Pediatric Trauma Center; and Infant Intensive Care Unit)

Orange County Youth Guidance Center - Santa Ana, California
(temporary facility for non-violent criminal offenders aged 13 to 18)

1984 (to date)

Project Bridge - Detroit, Michigan
(job-seeking skills and retraining program run by Jewish Vocational Services)

Leila Day Nursery - New Haven, Connecticut
(the nation's oldest child care center for children of working parents)

Adolescent Service Center - New Orleans, Louisiana
(specialized education and counseling services to junior high school students with disciplinary problems, and their parents, to prevent school drop-out)

Zale Corporation Child Care Center - Irving (Dallas/Fort Worth), Texas
(on-site corporate child care center)

Child Care/Study Center - University of California at San Francisco
(pre-school for children of students, employees and the community)

APPENDIX IV

ALPHABETICAL LISTING OF REFERENCES

Ad Hoc Day Care Coalition, Washington, D.C., (September 5, 1984)** (154)

*Ahrens, The Honorable Diane, Commissioner, Ramsey County, MN; on behalf of the National Association of Counties, Washington, D.C., (September 5, 1984) (97)

Anderson, Kristin, Project Director, Working Parents Project, The Center for Public Advocacy Research, New York, NY, (September 5, 1984) (207)

*Aronson, Susan, M.D., Chair, Pennsylvania Chapter, American Academy of Pediatrics; on behalf of the American Academy of Pediatrics, Arlington, VA, (September 6, 1984) (91)

*Barclay, Margaret, President, Virginia Family Day Care Association, (April 4, 1984) (1)

Baldwin, Wendy, Ph.D., Chief, Demographic and Behavioral Sciences, Center of Population Research, National Institute of Child Health and Human Development, Bethesda, MD, (July 20, 1983) (165)

*Belsky, Jay, Ph.D., Associate Professor of Human Development, Pennsylvania State University; on behalf of the American Psychological Association and the Association for the Advancement of Psychology, Washington, D.C., (September 5, 1984) (93)

Bennetts, Leslie, "Minding the Children: Parents Find a Wide Variety of Day Care Quality in the U.S.," The New York Times, September 3, 1984, (September 5, 1984) (166)

*Bergman, Roberta, Executive for Resource Development, Child Care Dallas, TX, (May 21, 1984) (2)

Birch, Tom L., National Committee for Prevention of Child Abuse, Chicago, IL, (September 5, 1984), (167)

*Black, Joyce, Public Policy Chair, Child Welfare League of America; President, Day Care Council of New York, (September 5, 1984) (94)

Block, Eve, Executive Director, Statewide Youth Advocacy, Inc., Rochester, NY, (July 25, 1983) (168)

Brazelton, T. Berry, M.D. Chief, Division of Child Development, Children's Hospital; Associate Professor of Pediatrics, Harvard Medical School, Boston, MA, (September 5, 1984) (169)

*Breslin, Mary Lou, Deputy Director, Disability Rights Education and Defense Fund, Inc., Berkeley, CA, (June 18, 1984) (3)

Brown, Larry, Director, Child Protection Division, American Humane Association, Denver, CO, (September 5, 1984) (144)

*Brubaker, Cynthia, Public Policy Chair, The Association of Junior Leagues, Inc., New York, NY, (September 6, 1984) (95)

Bryant, Ariel G., California State Coordinator, Firehawks Children's Program; Inspector, Oakland Fire Prevention Bureau, Oakland Fire Department, CA, (June 18, 1984) (4)

*Burke, Kenyon, Associate General Secretary, Division of Church and Society, National Council of Churches of Christ, New York, NY, (September 5, 1984) (96)

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* These witnesses testified at hearings held as part of the Select Committee's national child care initiative.

** Dates in parentheses refer to the date of the hearing for which testimony was presented or submitted for the record.

*Burton, Linda, Mothers At Home, Vienna, VA, (April 4, 1984) (5)

Burud, Sandra L., Principal Investigator, National Employer Supported Child Care Project, Child Care Information Service, Pasadena, CA, (June 18, 1984) (92)

Carey, Marijane, Director, INFOLINE, South Central Connecticut, (April 13, 1984) (6)

*Carnes, Betty V., Chair, Executive Board, Child Development Associates Credentialing Commission; Human Services Coordinator, State Health and Human Services Finance Commission, Columbia, SC, (September 6, 1984) (98)

*Carr, Irene, State-wide Secretary, The New York State Civil Service Employees Association; on behalf of the American Federation of State, County and Municipal Employees, Washington, D.C., (September 5, 1984) (99)

Cervantes, Robert, Assistant Superintendent, Child Development Division, California State Department of Education, Sacramento, CA, (June 18, 1984) (100)

Child Care Task Force, State of Maine, Department of Human Services and Department of Educational and Cultural Services, (September 5, 1984) (160)

Children's Commission, County of Santa Cruz, "A Feasibility Report by the Children's Commission Task Force on Employer Sponsored Child Care," CA, (June 18, 1984) (14)

Children's Defense Fund, Washington, D.C., (September 5, 1984) (163)

Claxton, Nancy, Coordinator, Child Development Program, Department of Education, Orange County, CA, (December 7, 1983) (7)

Clinger, The Honorable William, Member, U.S. House of Representatives, Pennsylvania; Chair, The House Wednesday Group, (September 5, 1984) (148)

Clow, Suzanne, Associate Director, Phoenix Institute, Salt Lake City, UT; Chairperson, Child Care Advisory Council of Utah, (December 6, 1983) (8)

Codner, Blossom, Parent, New Haven, CT, (April 13, 1984) (101)

*Cohen, Betty, Co-Director and Coordinator of Social Services, BANANAS, Inc., Child Care Information and Referral and Parent Support, North Alamada County, CA, (June 18, 1984) (9)

Cohn, Anne, Executive Director, National Committee for the Prevention of Child Abuse, Chicago, IL, (March 12, 1984) (102)

Collins, Glenn, "Minding the Children: Experts Debate Impact of Day Care Children on Society," _The New York Times_, September 4, 1984, (September 5, 1984) (170)

Cole, Eunice, President, American Nurses Association, Kansas City, MO, (September 5, 1984) (151)

*Cooke, The Honorable Thomas H., Mayor, East Orange, New Jersey; Chairman, Human Development Committee, U.S. Conference of Mayors, Washington, D.C., (September 5, 1984) (103)

*Curtis, Carla, Public Policy Analyst, National Black Child Development Institute, Washington, D.C., (September 5, 1984) (104)

Dawson, Ann Gilman, Principal Investigator, "Study of Employer Sponsored Child Care Services," Foundation for Human Service Studies, Inc., Chicago, IL; prepared for the U.S. Department of Health and Human Services, (September 5, 1984), (155)

*DeConcini, The Honorable Dennis, Member, U.S. Senate, Arizona, (September 6, 1984) (105)

*Dobkin, Nina, Member, Children and Youth Priority, National Council of Jewish Women, New York, NY, (September 6, 1984) (106)

Domeikis, Carole, Deputy Director, Office of Commissions, County of Sonoma, CA, (June 18, 1984) (10)

Dorris, Doris, Executive Director, Professional Association for Childhood Education, Danville, CA, (June 18, 1984) (149)

Dunford, Mitzi, Former Director of Public Issues and Advocacy, Junior League of Salt Lake City, UT, (December 6, 1984) (181)

Elgort, Catherine, Infant Toddler Director, and Maureen Sharon, Early Childhood Services Director, Marin Jewish Community Center, San Rafael, CA, (June 18, 1984) (11)

*English, Jean, Chief Policy Specialist, Licensing Branch, Texas Department of Human Resources, Austin, TX, (May 21, 1984) (12)

*Esterline, Bruce, Former Executive Director, Corporate Child Development Fund for Texas, Austin, TX, (May 21, 1984) (13)

*Etaugh, Claire, Chair and Professor of Psychology, Bradley University, Peoria, IL, (September 5, 1984) (108, 222)

Feinberg, Lawrence, "Areas of Affluence -- Fairfax and Montgomery Lead Census Bureau's List of Wealthiest Large Counties," Washington Post, March 21, 1984, (September 5, 1984) (172)

*Fidler, Richard, Director of Personnel, Zehntel Corporation, Walnut Creek, CA, (June 18, 1984) (15)

Fillin-Yeh, Susan, Parent, New Haven, CT, (April 4, 1984) (54)

Fleenor, Louise, Director, Child Day Care Services, Children's Home Society of California, Los Angeles, CA, (June 18, 1984) (109)

Fontana, Vincent, Medical Director and Pediatrician-in-Chief, New York Foundling Hospital Center for Parent and Child Development; Professor of Clinical Pediatrics, New York University College of Medicine; Chairman of Mayor's Task Force on Child Abuse and Neglect of the City of New York, (March 12, 1984) (110)

Fosberg, Steven, "Family Day Care in the United States: Summary of Findings," final report from the National Day Care Home Study, prepared for the Office of Children, Youth and Families, U.S. Department of Health and Human Services, 1981 (127)

*Friedman, Dana, Senior Research Fellow, Work and Family Information Center, The Conference Board, New York, NY, (September 5, 1984) (111)

Gamble, Thomas J., Ph.D., Erie County Office of Children and Youth; Yale University Bush Center for Child Development and Social Policy, New Haven, CT, (September 5, 1984), (173)

*Gary, Marlene, Associate Director, Government Relations, National Education Association, Washington D.C., (September 6, 1984) (142)

Gasper, JoAnn, Deputy Assistant Secretary, Social Services Policy, U.S. Department of Health and Human Services, (April 4, 1984) (16)

General Accounting Office Report, "States Use Several Strategies to Cope with Funding Reductions Under Social Service Block Grants," August 9, 1984, HDR-84-60, (September 5, 1984) (174)

*Gilius, Teresa, Executive Director, Austin Families, Inc., Austin, TX, (May 21, 1984) (17)

*Githens, James Carver, age 11, Baltimore, MD, (April 4, 1984) (18)

*Gonzales, Gail, Administrator, Sick Child Care Unit and Health Care Coordinator, San Juan Bautista Child Development Center, San Jose, CA, (June 18, 1984) (19)

*Graham, Becky, Parent, Houston, TX, (May 21, 1984) (20)

*Guggenheimer, Elinor, President, Child Care Action Campaign, New York, NY, (September 5, 1984) (112)

*Halpern, Madelon, Program Manager, Child Development Programs, San Francisco Unified School District, CA, (June 18, 1984) (21)

*Harder, Sarah, Director, Legislative Program, American Association of University Women, Washington, D.C.; Assistant to the Vice Chancellor, University of Wisconsin-Eau Clair, (September 5, 1984) (113)

Heade, Rev. Herman, Jr., National Director of Urban Affairs and Church Relations, Prison Fellowship, Washington, D.C., (November 10, 1983) (175)

*Hedgecoth, Patricia J., Chief, Child Care Services Bureau, State Department of Human Resources, Carson City, NV, (June 18, 1984) (22)

*Henson, Rebecca J., Parent, Fairfax County, VA, (April 4, 1984) (23)

Herrity, John F., Chairman, Board of Supervisors, Fairfax County, VA; a letter dated November 16, 1981 to the Honorable David Stockman, Director, Office of Management and Budget, (September 5, 1984) (206)

*Hiteshew, Betsy, Chairperson, Child Development Policy Board, California Children's Lobby, Los Angeles, CA, (June 18, 1984) (24)

Holmes, Delores, Director, Family Focus/Our Place, Evanston, IL, (September 26, 1983) (129)

*Holmes, Julia, Second Vice President, League of Women Voters of the United States, Washington, D.C., (September 5, 1984) (115)

*Hughes, Muriel Posten, Parent, Wheaton, MD, (April 4, 1984) (25)

*Hutchinson, Barbara B., Vice-President, American Federation of Labor and Congress of Industrial Organizations; Director, Women's Department, American Federation of Government Employees, (September 6, 1984) (123)

Jackson, Beverly Roberson, Ed.D., Director, Department of Human Welfare, General Board of Church and Society, The United Methodist Church, Washington, D.C., (September 5, 1984), (176)

*James, Jerry L., Vice President, YMCA, San Antonio, TX, (May 21, 1984) (26)

*Jenkins-Monroe, Valata, Ph.D., Clinical Psychologist, Institute for Developmental Studies, Oakland, CA; President, Bay Area affiliate, National Black Child Development Institute, CA, (June 18, 1984) (46)

Johns, Mary Lee, Director, Children and Youth Services Program, Texas Conference of Churches, Austin, TX, (May 21, 1984) (27)

*Johnson, Loretta, Vice President, American Federation of Teachers; Chair, AFT Women's Rights Committee, (September 6, 1984), (134)

Kagan, Jerome, Ph.D., Professor of Psychology, Harvard University, Boston, MA, (September 5, 1984), (178)

*Kammerman, Sheila, Ph.D., Professor, Columbia University School of Social Work, NY; Fellow, Center for Advanced Study in the Behavioral Sciences, Stanford, CA, (April 4, 1984) (28 - 32, 159)

Kaufman, Barry A., Ed.D., Chairperson, Department of Education, Dominican College, San Rafael, CA; Post-Doctoral Fellow, UCLA Bush Foundation, Program on Child Development and Social Policy, (June 18, 1984) (33)

*Kean, The Honorable Thomas H., Governor, State of New Jersey; Chair, Human Resources Committee, National Governor's Assocation, Washington, D.C., (September 5, 1984) (116)

Kolben, Nancy, Director, Employees and Day Care Project, PAWS Pre-School Association, Inc., New York, NY, (September 5, 1984) (179)

*Kowash, Robert, Early Childhood Learning Centers, Inc.; on behalf of the National Association for Child Care Management, Washington, D.C., (September 6, 1984) (117)

Krauskopf, James A., Administrator/Commissioner, New York City Human Resources Administration, NY, (September 5, 1984) (118)

*Kravin, Fonda, Executive Director, Community Cooperative Services, Reno, NV, (June 18, 1984) (34)

*Krevans, Julius R., M.D., Chancellor, University of California at San Francisco, (June 18, 1984) (35)

Lasky, Deborah, Director, Child Development Center for Infants and Toddlers, North Orange County YWCA, CA, (December 18, 1983) (157)

Leonard, Martha, M.D., Professor of Pediatrics, Yale Child Study Center; Chair, Government Liason Committee, Connecticut Chapter, American Academy of Pediatrics, (April 13, 1984) (119)

*Liddell, Louisa, Executive Director, Future Homemakers of America; on behalf of the National Collaboration for Youth, Washington, D.C., (September 6, 1984) (120)

Lincoln National Life Insurance Co., report from the Child Care Total Involvement Team, April 1984, Lincoln, IN, (May 21, 1984) (36)

Lindsey, Robert, "Minding the Children: Increased Demand for Day Care Prompts a Debate on Regulation," The New York Times, September 2, 1984, (September 5, 1984) (180)

Lipsitz, Joan, Ph.D., Director, Center for Early Adolescence, University of North Carolina at Chapel Hill, (October 27, 1983) (121)

*Lipton, Diane, Parent, Richmond, CA, (June 18, 1984) (37)

*Lopez, Antonia, Education and Staff Development Coordinator, Foundation Center for Phenomenological Research, Inc.; Chair, Coalition of Migrant Child Development Agency Executives, Sacramento, CA, (June 18, 1984) (38)

Lucas, Mary Lou, Chair, Strategies of a Decade Child Care Committee, United Way of the Bay Area, San Francisco, CA, (June 18, 1984) (39)

Lundberg, Jonia E., President, California Family Women, Saratoga, CA, (June 18, 1984) (40)

Maldonado, Dan, Executive Director, Institue of Human Resource Development, Salt Lake City, UT, (December 6, 1983) (182)

Malone, Margaret, Education and Public Welfare Division, The Library of Congress Congressional Research Service, Issue Brief Number IB81027, July, 1984 (205)

Maltz, Patricia, Chief Executive Officer, Quality Child Care, Inc., Minneapolis, MN, (April 4, 1984) (41)

Mann, Judy, "Investment", Washington Post, August 17, 1984, (September 5, 1984) (183)

Mann, Judy, "Child Care", Washington Post, August 1, 1984, (September 5, 1984) (184)

Mann, Judy, "Child Care", Washington Post, August 3, 1984, (September 5, 1984) (185)

*Maroney, The Honorable Jane, Member, Delaware State House of Representatives, Wilmington; Chair, Advisory Committee on Children and Youth, National Conference of State Legislatures, (September 5, 1984) (122)

McAliley, Janet, Member, Dade County Board of Education, Miami, FL, (October 14, 1983) (186)

McCall, Carolyn, Ph.D., and Louise Rosenrantz, M.Ed., Prison Match, San Francisco, CA, (June 18, 1984) (42)

McCartney, Kathleen, Ph.D., Assistant Professor, Department of Psychology and Social Relations, Harvard University, Cambridge, MA, (September 5, 1984), (187)

McFadden, Joan R., Executive Director, American Home Economics Association, Washington, D.C., (September 5, 1984), (188)

McGee, Elizabeth A., Director, Economic Self-Sufficiency for Teenage Parents Project, National Child Labor Committee, New York, NY, (July 20, 1984) (189)

*McNair, Ella, Director, Program Planning and Development, Delta Sigma Theta Sorority, Inc., Rosslyn, VA, (September 6, 1984) (190)

*McNemar, Kathleen, Child Care Coordinator, Houston Committee for Private Sector Initiatives, TX, (May 21, 1984) (43)

*Meyer, Doug, Director, Children's Ministries, First United Methodist Church, Dallas, TX, (May 21, 1984) (44)

Miller, Carole, Parent, Concord, CA, (June 18, 1984) (150)

Mills, Allan, Family Day Care Provider, College Station, TX, (May 21, 1984) (45)

Millstein, Merrilee, Chair, Permanent Commission on the Status of Women; and Susan Bucknell, Executive Director, Permanent Commission on the Status of Women, Hartford, CT, (April 13, 1984) (124)

Montgomery, Velmette, and Anthony Ward, Ph.D., Co-Directors, The Day Care Forum, Inc., New York, NY, (September 5, 1984) (171)

Nash, Lola, Director, Yale-New Haven Hospital Infant-Toddler Center, CT, (April 13, 1984) (47)

National Association for the Education of Young Children, Child Care Licensing Position, (September 5, 1984) (191)

Office of Special Education and Rehabilitative Services, U.S. Department of Education, "To Assure the Free, Appropriate Public Education of all Handicapped Children: Sixth Annual Report to Congress on the Implementation of Public Law 94-142: the Education for All Handicapped Children Act," 1984 (220)

Office of the Governor, State of North Carolina, "Helping Working Parents: Child Care Options for Business," (September 5, 1984) (193)

Osterholm, Michael T., Ph.D., M.P.H., Chief, Acute Disease Epidemiology Section, Minnesota Department of Health; Clinical Assistant Professor, Division of Epidemiology, University of Minnesota, (September 5, 1984) (125)

Overstreet, Edward J., Michigan Association of Children's Alliances, Lansing, MI, (March 5, 1984) (48)

Page, Robin A., President, University of Utah Single Parents Association, (December 6, 1983) (177)

Parrick, Maxine, Executive Director, Shadelands Children's Center, Walnut Creek, CA, (June 18, 1984) (49)

Pearlman, Ronald A., Acting Assistant Secretary on Tax Policy, U.S. Department of the Treasury, (September 5, 1984), (194)

*Piccione, Joseph, Research Associate, Child and Family Protection Institute, Washington, D.C., (September 6, 1984) (126)

Pingree, David H., Secretary, State Department of Health and Rehabilitative Services, FL, (October 14, 1983) (196)

President's Advisory Council on Private Sector Initiatives and the White House Office of Private Sector Initiatives, "Employer Options to Support Working Families," (September 5, 1984) (197)

Presser, Harriet, Professor of Sociology, Division of Behavioral and Social Sciences, University of Maryland, (September 5, 1984) (156)

Probst, Annice M., Pre-School Association of the West Side, New York, NY, (September 5, 1984) (198)

*Quinn, Jane, Director of Program Services, Girls Clubs of America, Inc., New York, NY; on behalf of the National Collaboration for Youth, Washington, D.C., (September 6, 1984) (120)

Reid-Green, Carolyn, Ph.D., Project Director, Friends Outside Family Reunification Project, California Institution for Women, Salinas, CA, (June 18, 1984) (128)

Rhode Island Department for Children and Their Families, "An Assessment of the Impact of Federal Budget Decisions on Services to Children and Families in Rhode Island", December 1983, (April 13, 1984) (50)

Rhodes, Marie F., Director, Children's Respite Care, Carmichael, CA, (June 18, 1984) (51)

*Rhones, Aaron, age 8, Washington, D.C., (April 4, 1984) (52)

*Rhones, Carletha, age 10, Washington, D.C., (April 4, 1984) (52)

*Rhones, Joan, Parent, Washington, D.C., (April 4, 1984) (53)

Richard, Carol, Director, United Day Care Center, Fort Collins, CO, (200)

*Rodriguez, Gloria G., Executive Director, AVANCE Educational Program for Parents and Children, San Antonio, TX, (May 21, 1984) (55,56)

*Romaine, Michael F., Ph.D., Vice-President, Community Relations, Zale Corporation, Irving, TX, (Site Visit), (May 21, 1984) (114)

Rothberg, Diana, President, Association of Part-Time Professionals, McLean, VA, (September 5, 1984), (202)

*Rush, Louise, Director, Employer Related Child Care Project, Contra Costa Children's Council, Concord, CA, (June 18, 1984) (57)

*Sale, June Solnit, Director, UCLA Child Care Services; Co-Director, UCLA Bush Foundation Program on Child Development and Social Policy, Los Angeles, CA, (June 18, 1984) (58)

Sayres, Martha, M.D., Director, Office of Academic Careers, Harvard Medical School, Boston, MA, (September 5, 1984) (131)

Scarr, Sandra, Ph.D., Commonwealth Professor of Psychology, University of Virginia, (September 5, 1984), (203)

*Schmalzreid, Beverly, Air Force Family Activities Administrator, Morale, Welfare, and Recreation Directorate, Air Force Manpower and Personnel Center, U.S. Air Force, Randolph Air Force Base, TX, (May 21, 1984) (59)

*Schmitt, Gail, District Manager, Kinder-Care Learning Center, Deer Park, TX, (May 21, 1984) (60,61)

*Schneider, Sharon, Parent, Carmichael, CA, (June 18, 1984) (62)

Schuchert, Johanna, Executive Director, Parents Anonymous of Virginia, (March 12, 1984) (146)

*Seiderman, Ethel, Director, Fairfax-San Anselmo Children's Center, Inc., Fairfax, CA, (June 18, 1984) (63)

Select Committee on Children, Youth, and Families, U.S. House of Representatives, "Children, Youth, and Families: 1983, A Year-End Report on the Activities of the Select Committee on Children, Youth, and Families," committee print, March, 1984, (164)

Select Committee of Children, Youth, and Families, U.S. House of Representatives, "Demographic and Social Trends: Implications for Federal Support of Dependent Care Services for Children and the Elderly," committee print, December, 1983, prepared by the Congressional Budget Office, (201)

Select Committee of Children, Youth, and Families, U.S. House of Representatives, "Federal Programs Affecting Children," committee print, January, 1984, (221)

Seligson, Michelle, School-Age Child Care Project, Wellesley College Center for Research on Women, Wellesley, MA, (September 5, 1984) (133)

Service Employees International Union, Washington, D.C., (June 18, 1984) (132)

Shafer, Lynn, Administrative Director, Warm World Child Development Center, Stillwater, MN, (September 26, 1983) (64)

Shaffer, Betty, Chair, Child Care Advocates of America, Orange County, CA, (December 7, 1983) (65)

Shumaker, Paul, Executive Vice President, Human Resources and Administrative Affairs, Cuyahoga Community College, Cleveland, Ohio; on behalf of the National Coalition for Campus Child Care, (September 5, 1984) (135)

*Siegel, Patricia, Executive Director, California Child Care Resource and Referral Network, San Francisco; Chair, Child Development Programs Advisory Committee, CA, (June 18, 1984) (66)

Silverman, Phyllis, Director, Career and Family Center, Catalyst, New York, NY, (September 5, 1984) (136)

Smith, Gerrie M., Child Care Advisory Council, County of Fairfax, VA; testimony presented before the Senate Agriculture Committee, April 4, 1984, (September 5, 1984) (204)

*Sneider, Ann, Executive Director, Neighborhood Centers, Inc., Houston, TX, (May 21, 1984) (67)

*Snyder, Wayne, Corporate Manager, Employee Services, The Southland Corporation, Dallas, TX, (May 21, 1984) (68)

Soloway, Ron, Executive Director, Center for Public Advocacy Research, New York, NY, (September 5, 1984) (145)

*Spencer-Perry, Eyana, age 10, Oakland, CA, (June 18, 1984) (69)

*Steneberg, Doreen, P., Parent, El Cerrito, CA, (June 18, 1984) (70)

*Stevenson, Carol S., Staff Attorney, Child Care Law Center, San Francisco, CA, (June 18, 1984) (71)

*Stewart, Hope, Office Manager/Bookkeeper, Fairfax-San Anselmo Children's Center, Inc., Fairfax, CA, (June 18, 1984) (72)

Sweeney, John J., International President, Service Employees International Union, American Federation of Labor-Congress of Industrial Organizations, Central Labor Council, Washington, D.C., (September 5, 1984), (192)

Tall Bull, Susan Vassau, Acting Executive Director, Qua Qui Corporation, Missoula Indian Center, MT, (December 6, 1983) (208)

Tankoos, David, Parent, Hamden, CT, (April 13, 1984) (137)

Tanner, Harry, Executive Director, Community Council of Greater Dallas, "Child Day Care in Texas: The United Way Perspective," a report prepared by the United Way of Texas, TX, (May 21, 1984) (152)
*Tate, Deanna R., Ph.D., Department Chair and Associate Professor, Department of Child Development and Family Living, Texas Woman's University, (September 5, 1984) (162, 195)
Taylor, Mary, San Antonio Coalition for Children and Youth, TX, (May 21, 1984) (153)
*Theban, John, Chief Executive Officer, Child and Family Services, Washington, D.C.; on behalf of the Coalition of Family Organizations, (September 6, 1984) (138)
Thomas, Kimberly, Program Development Specialist, Child Care Services, University of California at Berkeley, (September 5, 1984) (158)
*Thompkins, Rachel, Executive Director, Children's Defense Fund, Washington, D.C., (April 4, 1984) (73)
Thompson, Mary, President, San Diego Family Day Care Association; Member, Board of Directors, California Assocation for the Education of Young Children, CA, (June 6, 1984) (74)
United Community Services of Metropolitan Detroit, "In Support of Families," report from the Family Function and Support Task Force, March, 1981, Detroit, MI, (March 5, 1984) (75)
U.S. Bureau of the Census, Current Population Reports, Special Studies Series P-23, No. 117, "Trends in Child Care Arrangements of Working Mothers," 1977 (107)
U.S. Bureau of the Census, Current Population Reports, Special Studies Series P-23, No. 129, "Child Care Arrangements of Working Mothers: June 1982," (219)
*Vong, Binh, age 8, Marin County, CA, (June 18, 1984) (76)
Waldo, Viola, Parent, New Haven, CT, (April 13, 1984) (140)
*Walker, Gayland, Director of Pupil Transportation, Austin Independent School District, TX, (May 21, 1984) (77)
*Walker, Michele, Parent, Oakland, CA, (June 18, 1984) (78)
Watkins, Bonnie, Parent, Austin, TX, (May 21, 1984) (79)
*Watson, Jeanette, Governing Board, National Association for the Education of Young Children, Austin, TX; Former President, Austin AEYC; Former President, Southern Assocation for Children Under Six, (May 21, 1984) (80)
Wehking, Mary, Director, Washtenaw County Child Care Coordinating and Referral Service, Ann Arbor, MI, (March 5, 1984) (81)
Weikert, David, Director, High/Scope Educational Research Foundation, Ypsilanti, MI, (June 30, 1983) (139)
*Weinstein, Lori, Director, National Advocacy Project for Family Day Care, The Children's Foundation, Washington, D.C., (September 6, 1984) (141)
*Weinstein, Vivian, Associate Professor of Pediatrics, King/Drew Medical Center, Los Angeles, CA, (June 18, 1984) (82)
Weiss, Rita S., Ph.D., Assistant Dean, College of Arts and Sciences; Inreal Project Director; Professor, Department of Communication Disorders and Speech Science, University of Colorado, Boulder, CO, (December 6, 1984) (209)
*Weissbourd, Bernice, Vice Chairman, Committee on Public Policy and Public Education, National Center for Clinical Infant Programs, Washington D.C.; President, Family Focus, Inc.; President, Family Resources

Coalition, Chicago, IL; Vice President, National Association for the Education of Young Children, (September 5, 1984) (130)

*Weltz, Sister Ann, C.S.J., Director, Bay Area Crisis Nursery, Concord, CA, (June 18, 1984) (83)

*Whitebook, Marcy, Director, Child Care Employee Project, Berkeley, CA, (June 18, 1984) (84)

Whitworth, Shauna, Director of Research, Military Family Resource Center, Springfield, VA, (November 10, 1983) (210)

Wiessler, David and Jeannye Thorton, "Who'll Watch the Kids? Working Parents' Worry", U.S. News and World Report, (September 5, 1984) (212)

Wickham, Gen. John A., Jr., Chief of Staff, U.S. Army, Washington, D.C., (November 10, 1983) (211)

Wiseman, Bonnie, Parent, Springfield, VA, (April 4, 1984) (85)

Wolf, The Honorable Frank, Member, U.S. House of Representatives, Virginia, (September 5, 1984) (213)

Wolfe, Leslie, Director, Project on Equal Education Rights, Washington, D.C., (September 5, 1984) (161)

Women's Bureau, U.S. Department of Labor, "Federal Legislation on Day Care," (September 5, 1984) (199)

Woolsey, Suzanne, "Pied Piper Politics and the Child Care Debate", DAEDALUS, Journal of the American Academy of Arts and Sciences, Spring 1977, (September 5, 1984) (215)

Wynn, Karen, Executive Director, American Indian Education Consultants, Inc., Tucson, AZ, (December 7, 1983) (216)

Yanke, Michael, Second Vice President, Phoenix Mutual Life Insurance Company, Hartford, CT, (April 13, 1984) (86)

*Yeamans, Ann, Parent; Chairman, Olney Extended Day Care Center, Olney, MD; Board of Directors, Montgomery Child Day Care Association, Montgomery County, MD (April 4, 1984) (87)

Yocum, Jan Calderon, Executive Director, National Institute for Hispanic Children and Families/El Centro de Rosemount, Washington, D.C., (September 5, 1984) (147)

Young, James T., President, Board of Directors, Children's Aid Society of Utah; President, Early Childhood Research Program, Utah State University, (December 6, 1983) (217)

*Zigler, Edward, Sterling Professor of Psychology; Head, Psychology Section, Yale Child Study Center; Director, Bush Center in Child Development and Social Policy, Yale University, New Haven, CT, (April 4, 1984) (88, 89)

Zigler, Edward, and Susan Muenchow, "Infant Day Care and Infant Care Leaves: A Policy Vacuum", American Psychologist, January 1983, (September 5, 1984) (218)

Zimmer, Richard, Professor of Anthropology, Hutchins School, Sonoma State University, Rohnert Park, CA, (June 18, 1984) (90)

APPENDIX V

TABLE: CHILD CARE ARRANGEMENTS

Type of Child Care Arrangements for Children
Under 6 Who Have Employed Mothers
(Percent Distribution)

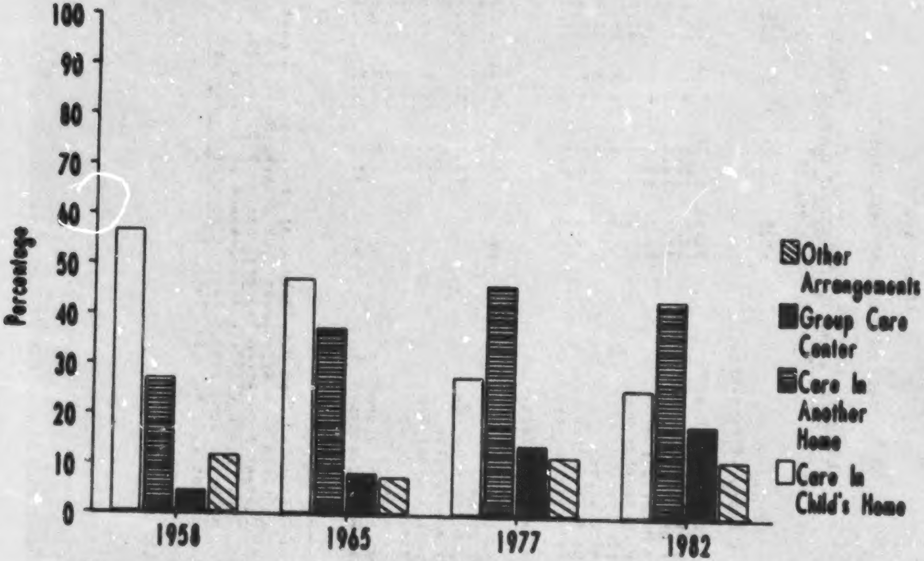
	1958	1965	1977	1982
Mothers Employed Full-time:				
Care in Child's Home	56.6%	47.2%	27.6%	25.7%
By Father	14.7	10.3	9.4	10.3
By Other Relative	27.7	18.4	12.3	10.3
By Nonrelative	14.2	18.5	5.9	5.1
Care in Another Home	27.1	37.3	46.1	43.8
Relative	14.5	17.6	20.3	19.7
Nonrelative	12.7	19.6	25.8	24.1
Group Care Center	4.5	8.2	14.3	18.8
Other Arrangements	11.8	7.4	11.9	11.8
Mother Employed Part-time:				
Care in Child's Home	NA	47.0%	40.3%	39.3%
By Father		22.9	21.5	20.3
By Other Relative		15.6	11.7	12.7
By Nonrelative		8.6	7.1	6.3
Care in Another Home	NA	17.0	29.4	34.0
Relative		9.1	13.6	15.6
Nonrelative		7.9	15.8	18.4
Group Care Arrangements	NA	2.7	8.9	7.5
Other Arrangements	NA	33.2	21.3	19.2

Source: Calculated from U.S. Bureau of the Census, "Trends in Child Care Arrangements of Working Mothers," Current Population Reports, Series P23, No. 117, Table A; "Child Care Arrangements of Working Mothers: June 1982," Current Population Reports, Series P23, No. 129, Table A.

Chart A

Child Care Arrangements

(% of Preschool Children with Mothers Employed Full-Time)

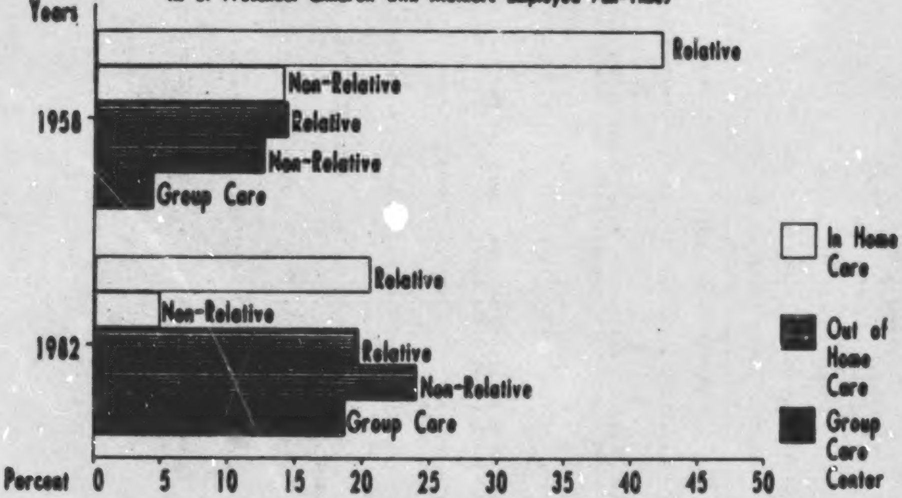


Source: U.S. Bureau of the Census, Current Population Reports, Special Studies Series P-23, No. 117 and No. 129.

Chart B

Relative and Non-relative Child Care Arrangements

(% of Preschool Children with Mothers Employed Full-Time)



Source: U.S. Bureau of the Census, Current Population Reports. Special Studies Series P-23, No. 117 and No. 129.

Note: The June 1982 study is limited by the fact that it reports only child care arrangements made for the youngest child under age five. Child care arrangements made for other siblings are not reported. (See footnote, page 4 for further information.)

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APPENDIX VI

LIST OF WITNESSES
WAYS AND MEANS
SUBCOMMITTEE ON OVERSIGHT
AND
SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES

HEARING: CHILD ABUSE AND DAY CARE

SEPTEMBER 17, 1984

The Honorable Mario Biaggi, Member, U.S. House of Representatives, New York

Kee MacFarlane, Director, Children's Sexual Abuse Diagnostic Center, Children's Institute International, Los Angeles, Califonia

Bettye Caldwell, College of Education, University of Arkansas, Little Rock, Arkansas

Anne Cohn, Executive Director, National Committee for Prevention of Child Abuse, Chicago, Illinois

Gail Manning, Director, Father English Community Center, Patterson, New Jersey

Diane Adams, Acting Director, Community Coordinated Child Care (4-C's), Madison, Wisconsin

Carole Rogin, Executive Director, National Association for Child Care Management, Washington, D.C.

Cesar Perales, Commissioner, New York Department of Social Services

George Albanese, Director, New Jersey Department of Human Services

Doby Flowers, Deputy Administrator, New York City Agency for Child Development

Gwen Morgan, Lecturer, Wheelock College, Boston, Massachusetts

Marcy Whitebook, Director, Child Care Employees Project, Berkeley, California

ADDITIONAL VIEWS

We commend the Select Committee for its comprehensive review of the child care issue, one that is so vital to American families.

We fully support the findings of this report. However, we would like to submit additional views to expand on several areas that were referred to only briefly in the report.

Head Start

The importance of the high quality preschool education provided to disdadvantaged children has been again confirmed by a recent privately funded long-term study of a Michigan early childhood education program.

For 20 years the High/Scope Educational Research Foundation in Ypsilanti, Michigan followed the lives of 123 black children with low test scores, from families with little education, half of whom lived with only one parent. Half of them received high quality preschool education beginning at age 3 and the others had no early childhood education, following instead the traditional school program.

The results of the study, Changed Lives, were startling. Preschool graduates required far less remedial work in their elementary and secondary years. Almost twice as many preschool graduates hold jobs or have gone on to college or post-high school vocational training. Of the girls studied, only half as many became pregnant as teenagers. Substantially fewer preschool students dropped out of school, became involved in crime, or received welfare. The authors of the study estimate that the reductions in crime have saved the taxpayer over $3,000 for each person in the preschool group.

In spite of Head Start's proven effectiveness in providing high quality early childhood education for disadvantaged children, the program still serves fewer than one out of five eligible children.

Since a comprehensive early childhood education program can reverse the trends for low income, disadvantaged children, we strongly recommend an annual incremental increase in the number of children who can participate in the Head Start program, without any dimunition in the scope or quality of the services provided. It is essential that we continue programs that are effective in improving the long-term prospects of disadvantaged children.

Military Child Care

The military, as well as the civilian population, has become increasingly aware of the importance of child care for its employees. As a result, we have seen the development of some fine child care programs in all the services.

Unfortunately, the quality of military child care varies drastically from post to post. The reason is lack of standardization. There are no standardized Department of Defense guidelines for the operation of child care, or uniform policy on qualifications, training, and pay schedules for child care providers. Nor have the services established standardized day care guidelines Instead, day care depends upon the interest of the base commander and efforts he chooses to exert to ensure quality child care. Another consequence of lack of standardization is that some post child care centers participate in the Department of Agriculture child care nutrition programs, while others do not.

When military families are transferred, there is no guarantee that child care will be available. This is a severe burden on dual-career families, where both parents serve in the military. It is also a problem for dual-earner couples when one spouse is employed in the civilian workforce. Frequently, when day care is not available, one parent is forced to drop out of military service or stop their civilian job. In other cases, the dual-career family is forced to separate, one parent remaining at the post where child care is available.

We recommend that the Department of Defense establish a child care policy with standards to assure the availability of high quality child care for military families. Such guidelines should include standards for safety, health, sanitation, fire prevention and nutrition, parent involvement, training and technical assistance to providers and staff, criminal conviction checks of operators and staff, and basic criteria to promote quality, such as group size and child/staff ratios, curriculum, programming and staff qualifications.

Moreover, resources should be provided to expand child care facilities to meet the demands and add additional staffing when necessary. DOD should also review policies that act as disincentives to persons in military housing from providing day care services in their own homes. Guidelines should be established for child care provided in quarters since this is one way to expand the number of day care slots available for service members' children.

The Quality of Child Care

The recent scandals involving sexual abuse of children in day care settings emphasize the lack of quality control that frequently exists. In some states standards are weak and in others the standards are not enforced.

The quality of child care has suffered greatly as a result of the federal cuts in social service spending. States are struggling, with diminished funding, to continue day care services, as well as meet the expanding demand they find in their communities. Because resources are limited, states are often faced with difficult choices about resource allocation. Should they provide more services to children or should they allocate more funds to regulatory activities and staff to monitor and inspect child care facilities?

The bottom line is that the child care market is poorly regulated. State licensing standards vary widely in basic health and safety requirements, staff/child ratios, group size, parental access, criminal record checks, and curriculum and staffing requirements. For example, 31 states fail to include any specifications about staff qualifications beyond requiring a high school diploma. Of family day care homes, which provide the bulk of the child care in this country, 70 to 90 percent are unlicensed.

The history of the last 16 years has been punctuated by controversy over defining appropriate standards for child care. When the Title XX Social Services program, which provides the bulk of federally-funded child care, was made a block grant program after enactment of the Omnibus Budget and Reconciliation Act of 1981, federal involvement was further reduced.

As a result, the federal government has abdicated its leadership role and left states with little help or information on improving the quality of child care. The issue is the safety and well-being of children and how to achieve that goal.

We recommend the following steps:

(1) The federal government should call a National Conference for policymakers, regulators, day care operators, professional child care organizations, and day care consumers to discuss ways to provide quality care and overcome barriers, and to examine licensing policies and practices.

(2) The federal government should establish a broad based Federal Commission on Child Care to review and evaluate the status of child care licensing and regulation, to determine their impact on day care, and whether federal guidelines would improve the quality of care for children.

(3) The federal government should act as a clearinghouse for states on standards, regulatory definitions, and areas of regulatory action that address the breakdown of quality in day care.

Patricia Schroeder
George Miller
William Lehman
Lindy (Mrs. Hale) Boggs
Matthew F. McHugh
Barbara A. Mikulski
Ted Weiss
Barbara Boxer
Sander M. Levin
Bruce A. Morrison
Gerry Sikorski
Alan Wheat
Matthew G. Martinez

ADDITIONAL VIEWS

We are pleased to participate in the filing of this report on Families and Child Care. It is an important document, and a good beginning to the Select Committee's deliberations on an issue which is probably the most complex and far-reaching of any it will study.

For in speaking of the care of children, we are not referring to the needs of a small, specialized group. We are not considering children only as children. We are considering the moral, emotional, social, and intellectual formation of American citizens for decades to come. We are also facing a reality that would have been considered an impossible Orwellian nightmare in the time when we, ourselves, were growing up: that the average American family can no longer afford to care for its own children.

What could have brought about this situation? In the Introduction to this report, the Committee cites a few causes which can be considered in three basic categories:

1) the breakdown of the American family
2) the decreasing income of families
3) changes in the tax treatment of families

Of the first, the effects are apparent, though the causes may not be so easily discerned. Two in five marriages end in divorce. One of every five children in America is born out of wedlock. These families face burdens, both financial and emotional, which can overwhelm even the strongest individuals. That a great number of them require assistance above and beyond what is needed by two-parent families can come as a surprise to no one.

But what about the average two-parent family? This report states that mothers work primarily for economic reasons. What do these reasons consist of? What are their causes?

In its Introduction, the Committee argues that the economy has hurt families; between 1979 and 1983 the median family income has slipped. Now that the economy has taken a turn upward we can expect median incomes to rise. Does this mean that fewer women will enter the workforce? Or will the trend continue?

In fact, the move toward a two-income family did not begin in 1979 with the decrease in family incomes. It has been a gradual increase of several decades. And the decline in median income in recent years does not reflect the general trend of previous years.

In real terms, the median family income has increased markedly over the past three decades. The chart below shows that the median family income nearly doubled between 1950 and 1979, though it declined nine percent from 1979 to 1983. With these figures before us, it is difficult to argue that changes in family income, in and of themselves, have caused an increase in the number of working mothers.

MEDIAN FAMILY INCOMES IN CONSTANT DOLLARS (1983)

	1950	1960	1970	1979	1983
All families	$13,736	18,907	25,317	26,885	24,580
2 parent 1 income	13,720	18,570	23,872	24,363	21,890
2 parent 2 income	16,567	23,213	31,497	34,256	32,107

Figures from U.S. Bureau of the Census

Finally, what of the tax treatment of families? How has this affected the ability of families to care for their children?

In the Chapter entitled, "The Federal Response," the personal and dependent exemptions are discussed. In 1948, these exemptions were set at $600. Today, they are $1,000. We are told that if the exemption had been indexed to keep up with income growth, it would be worth $5,600 today.

The effects of the devaluation of the exemption are dramatic. In 1950, when median family income was $3,319 and the exemption was $600, the taxable income for a typical two-parent, two-child family was reduced by 72 percent. In 1983, the exemption reduces the taxable income of that same family by only 16 percent. In 1948, the median income family of four, with one earner, paid 3.4 percent of its income in federal taxes. Today that same family pays 11.7 percent of its income in federal taxes.

If mothers enter the work force primarily for economic reasons, and if average families are unable to provide for their children on a single income, then Congress ought to accept its share of the blame. It seems hypocritical to us to talk about the "changing American family" and the "new challenges" presented to them without addressing our own part in creating those new challenges, or perhaps more accurately, those new trials.

It is our sincere hope that the Child Care Initiative of the Select Committee on Children, Youth, and Families will not end with this report. There remains so much more to be done. We have made a good beginning. We have examined some of the current economic problems faced by families. We have examined the three sides of the child care triangle: availability, affordability, and quality. We have looked at the ways in which these problems are exacerbated by particular conditions of families with special needs. Now it is time to take a closer look at the causes, and especially at those causes to which the federal government contributes.

We are especially pleased that the first recommendation cited by this report is a recommendation that Congress immediately revise tax policy to ensure that families raising children are not penalized, whether they choose to have one parent stay home to care for children, or choose instead to seek out of home care. We hope that the Select Committee will take an initial step in the process of re-establishing a fair tax policy for families by examining this policy and its problems at the beginning of the 99th Congress.

We hope, also, that the Committee will give greater attention to the type of nonmaternal care which seems to be the preferred choice of most parents who choose day care. Suzanne Woolsey in her essay, "Pied Piper Politics and the Child-Care Debate," explains that policymakers find the real facts about parental choice all too easy to ignore:

> A policy maker or academic who lives in Bethesda or Cambridge, with parents in Fort Lauderdale and a sister in Berkeley, is not predisposed to think of relatives caring for his or her children. It is easy to forget that for those who live in South Boston or Harlem a child's grandmother or aunt is more likely to be a few blocks away.
>
> But whatever the reason, the data seem to show that there is far more interest in informal care in the home or the extended family than anyone would gather from the public debate. Federal policies to help make this sort of care more affordable are lost in the cacophony of contesting arguments over one method of care -- formal centers -- and one way of funding it -- federal support to those centers. What we need is closer concentration on what people need and want to help them cope with their child care problems.(215)

RECOMMENDATIONS

There are 11 recommendations made in this report. Of these, several receive our wholehearted and complete support. Others give rise to some questions; and about still others we have serious reservation. As Members of the Select Committee and co-authors of this report, we should leave our duty unfulfilled were we to omit an explanation of those reservations.

With regard to some of the recommendatinos, we simply do not see that the Committee has learned enough to put forward such particular proposals. Legislation embodying several of these recommendations existed long before the Select Committee started its Child Care Initiative, and we fear that in attempting to build a case for these proposals, the Committee has neglected its charge to consider other alternatives. It is difficult to be certain that one course is the best when it is also one of a very few courses which have been considered.

In particular, the proposal to increase funding under the Social Services Block Grant is one which seems to overreach any consensus reached by Members of this Committee. The questions should be asked: "Has the Committee yet seriously explored any other method by which the federal government might aid low-income families with existing resources?"

For example, the Committee has learned that the Dependent Care Tax Credit is the largest source of federal funding for child care, yet about two-thirds of its goes to families with above-average income. Moreover, that credit is generally worth far more than the dependent exemption that all families receive, and discriminates against those families which sacrifice a second income in order to provide care at home.

By placing an upper income limit on the Dependent Care Tax Credit, and limiting its use to lower and lower-middle income families, the Committee could find its $600 million to add to the Social Services Block Grant. Or, better yet, by restructuring the credit, allowing a larger percentage to low-income families and a smaller percentage to above-average income families, the credit could provide these millions directly to families in need. And unlike the proposal to increase the block grant, this change would target funding on child care needs.

These are not recommendations which we are making in opposition to that which would increase the Social Services Block Grant, but they are examples of the kind of creative proposals we hope the Committee will explore in the coming year. In order to conclude that one course of action is best, we must be able to weigh it against others to which we have given equal consideration.

Along with the proposal to increase the Social Services Block Grant, an increase in the number of meals provided by the Child Care Food Program was also recommended. Our reservations about this proposal stem from a couple of sources.

Testimony submitted by one witness suggests that the Child Care Food Program could be much more effectively targeted to low-income families than it is at present.(204) Due to special rules regarding family day care homes, many children eligible for benefits under the Child Care Food Program come from upper-middle income families. Given that an estimated 56 percent of all children in day care are enrolled in family day care homes, this problem could be a significant one.

In addition, the Child Care Food Program is another program which aids only those children whose parents choose out-of-home care. There are many families of equal need who are left out of these benefits simply because they choose to care for their children themselves.

If we need to improve the nutrition of children from low-income families, can't we formulate a plan that does not require children to eat all of their meals away from their families? Can we find a better way to serve low-income children. One witness suggested her view of "what this program is really all about: increasing the incomes of the family day care providers; or perhaps it is to decrease the cost of child care to the working parents. In either case, the child's nutritional intake is not affected."(204)

The Report also recommends that Congress establish a matching fund program to expand community-based information and referral services, and incentive grants for the development of before- and after-school programs using school facilities. Both of these proposals are embodied in legislation which has already passed the House, but this Committee has not received enough information on either of them to make the decision to endorse them.

Both information and referral services and the use of school facilities for latchkey children seem like an excellent way for communities to solve some of their day care problems. But their excellence is in part due to the fact that almost every community has the resources at hand to implement these programs if there is the will within the community to do so. These programs have the potential to be perfectly responsive to the needs of the community, but they also have the potential to be responsive to the lure of the federal dollar.

For example, the school facilities child care program which has passed the House would provide 100 percent of expenses for the program in the first year, 50 percent in the second year, 25 percent in the third year, and no money thereafter. By providing all the money in the first year, and none in the fourth, Congress is saying that communities can afford to run after-school projects in their schools, but they will not do so unless we weight their decision. In so weighting the decision of the local community, Congress may in fact be impeding that community from coming up with the best possible program for itself, the one which its citizens, and not Congress, will have to live with after the federal money is gone.

Again, community sponsored information and referral services can become a excellent way to match up families with family day care providers. It also establishes for the community a positive way to set standards for providers without coercive methods which might decrease the number of providers. But, should the community be setting those standards or should the federal government? If the federal government becomes involved, it will surely set standards, even though it cannot at this point claim greater knowledge of what those standards ought to be.

Do we require federal involvement in information and referral services? It is hard to make the argument that we do. There is no apparent reason why these services require federal funding. They are inexpensive, they require very little technical knowledge, and they are suited to small communities (no one in New York needs to know about day care in Arizona). If allowed to do so, they can evolve from the community need, grow with the community's resources, and be improved through the community's experience. One is tempted to ask: "If this is a need which local communities cannot fill, then what is?"

Finally, though we are not as familiar with the proposal to make incentive grants to develop programs for four year olds in public scools, it seems to suffer from some of the same shortcomings as the school facilities child care program and the information and referral matching funds program. The decision to burden the local tax base with public nursery school funding will be best made by those raising the children and paying the taxes.

EFFECTS OF INFANT DAY CARE

Several Select Committee Members continue to be concerned about the long-term effects that out-of-home care has on young children. Members voiced this concern in Additional Views to the Committee's first publication, and what we have learned so far has not put those concerns to rest.

Many researchers urged the Committee to be cautious concerning infant day care (Etaugh, Belsky, Gamble, Kagan, Zigler). Their caution is derived from research that shows some negative or adverse effects of infant care. While research findings showing negative effects represent the exception rather than the rule, the extent of these effects in the general infant day care population are not known. This is because the research is limited, some of the measures used are in dispute and the interpretations regarding the findings vary.

We believe it is important that we expand on the Commitee report and examine what these experts in the child care field told us regarding the potential effects of infant day care and the limitations of the research which has been conducted in this area.

First, the great majority of studies have evaluated optimal group day care received in high quality demonstration projects. Dr. Edward Zigler states that "although empirical studies have produced little evidence that infant day care disrupts parent-child attachment or impedes the infant's cognitive development (Rutter, 1982), most of these studies have been conducted in high-quality, university-based centers with plenty of trained caregivers, not the kind of care most infants are in. Only 17 percent of chidren in out-of-home care are in licensed day care facilities; the rest are in unlicensed family day care homes (Ruopp & Travers, 1982)."(218)

Another problem with day care research is that most studies hvae looked only at short-term effects of day care. Dr. Claire Etaugh told the Committee about one of the longitudinal studies conducted. "In one of the few investigations to look at the long-term effects of infant day care, Barton (1981) studies middle-class eight- to ten-year-olds who had experienced either full-time, part-time, or not group care as infants or preschoolers. Children who had started full-time day care before the age of 12 months were most likely to misbehave, cry and spend time alone as elementary school children. Children who began part-time care before the age of 12 months, were not as likely to show these behaviors, suggesting that the combination of full-time day care and its initiation at a very young age has the most powerful effect."(108)

Dr. Etaugh also told the Committee about a study (Moore, 1975) of British adolescents who had experienced either exclusive care by their mothers up to age 5 or some form of day care. "For girls, the type of care made little difference in their social or personal adjustment. Boys, who had been exclusively home-reared up to age 5 showed greater self-control and conformity, less assertiveness, and more timidity with peers than boys who had experienced day care before age 5. The boys who had been in day care were more active and more sociable with their peers, but they also had more differences of opinion with their parents and were most nonconforming. Moore concluded that although exclusive mothering and non-maternal care might produce different personality patterns in boys, neither pattern necessarily reflected better adjustment."(222)

Dr. Etaugh explained that "the somewhat conflicting results of these studies suggest that as day care children and home-reared children grow up, they may not differ appreciably in terms of conformity to authority or social relationships. And, where differences do appear (as in Moore's study), they are within the normal range of behavior. A key issue here concerns the goals that parents and society have for their children. If it turns out that day care does lead to somewhat greater assertiveness and noncompliance but also enhances social and intellectual skills, is that a tradeoff we are willing to make?"(222)

Returning to the limitation of the research on the effects of day care, another area of concern is the measurement of day care effects. A rather narrow range of psychological outcomes has been examined, using a relatively small number of tests and experimental situations. Dr. Jay Belsky told us about the "attachment" test. "Typically what is found is that day care and home-reared infants greet their mother in the same manner following a brief, but often stressful, separation. When differences do emerge, however, between day care and home-reared infants, they tend to indicate that the day care infants are more likely to avoid contact with their mothers as compared to the home-reared infants who are more likely to greet and approach them."(93)

"While some interpret such failure to approach and greet the mothers, as evidence of an insecure attachment relationship, others contend that it merely reflects an alternate style of coping with this situation. Unfortunately, there is no consensus in my field as to whether such avoidance of the mother reflects some deficit or merely a difference in the nature of the child's relationship with his or her mother. Worth noting, however, is the fact that there are several other studies not focused on attachment behavior which suggests that day care in the first or even second year of life may be related to later maladjustment on the part of the child during the preschool years."(93)

Many other areas have not been explored in terms of the effect of day care. Dr. Claire Etaugh told the Committee of several factors which have not been examined in depth. For instance, one important factor which generally has been disregarded in day care research is that day care children are much more likely than home-reared children to come from single-parent, working mother families. "We need to do more research to determine to what extent any differences between day care and home care groups can be attributed to these family characteristics rather than the child care arrangement itself."(222) Still another factor with important implications which has been largely ignored is what kind of care children are receiving in those settings where most day care occurs, namely, in day care homes and in the child's own home by a nonrelative or a relative other than the mother. An additional question which needs to be explored is what type of child care arrangement is best for children of a given age. Finally, very few day care studies have systematically addressed the issue of gender differences.

Dr. Thomas Gamble and Dr. Edward Zigler have been studying some of these areas in which quality is permitted to vary as it does in the real world, and in which the quality of family organization is also permitted to vary as it actually does in society. "We have found that for those families which suffer some disorganization, usually in the form of father absence, and for those families who are forced to use less than "university quality" day care, infant day care might be a less benign practice than it had previously seemed. We have also found interesting gender differences in regard to susceptibility to negative effects of infant day care."(173)

Drs. Gamble and Zigler found "that the parent-infant attachment system is resilient to short-term, isolated, disruptions. However, when stresses are prolonged or multiple, negative consequences of regular non-parental care in the first year of life become much more likely. A child's developing capacity to deal with peers and unfamiliar adults seems to be even more sensitive. It does appear that variations in infantile child-rearing, as occasioned by the infant day care commonly available in the United States, may lead to decreased conformity to adult standards, and increased aggression and appeals to coercion in males. No strikingly negative effects have been found accruing to females experiencing such care."(173)

Dr. Armand Nicholi of Harvard Medical School also told us about the consequences of disrupting the parent-child attachment: "If people suffering from severe nonorganic emotional illness have one experience in common, it is the absence of a parent, through death or divorce, time-demanding job or absence for other reasons. A parent's inaccessibility, either physically, emotionally or both, can exert a profound effect on the child's emotional health."

Knowing the above limitations, researchers can only tell that _if_ an infant or toddler comes from a relatively unstressed and stable family situation and _if_ there is high quality care, then _probably_ there will be no ill effects on the cognitive or socio-emotional development of the child. However, we have learned that many of the children needing child care do not come from "unstressed and stable family situations." Additionally to ensure "quality" care, there must be a low infant to caregiver ratio (at least one staff member for every three infants), highly involved staff, small group size, stability among caregivers, and strict sanitation and infection control procedures. It is clear that meeting these conditions is extraordinarily expensive. It would send the cost of infant day care upwards of $150.00 per week or $7,800 a year.

If these conditions are not met the consequences can be very negative. Dr. Zigler told us about a study (Ruopp, Travers, Glantz & Coelen, 1979) which found that when infants were placed in too large groups with too few adults, the babies cried more or became withdrawn and apathetic. Lack of sufficient attention even led to exposure to potential physical danger. Furthermore, a study by Farber and Egeland (1982) indicated that infants who experience frequent changes in caregivers do exhibit anxiety and insecure attachments to their mothers.(218)

Dr. Jerome Kagan further elaborated on the major risks associated with group day care for infants. "The first concerns physical health. Colds and mild infections are more frequent in the group care setting than they are in the home because of the constant contact with children who are temporarily ill. A second risk associated with day care is that the child who is temperamentally quiet and withdrawn can become excessively isolated in a group care center where staff members are busy. The quiet, apathetic child who bothers no one can easily be forgotten. A third risk concerns the course of cognitive development. Because language competence is one of the most important skills of our society, day care planners should encourage a one-to-one interaction between staff and the young child so that language development is enhanced. Day care environments that restrict the young child to cribs or playpens prevent the toddler from practicing maturing competences and retard the development of problem-solving skills."(178)

With these notes of "caution," we cannot ignore the fact that we simply do not know conclusively that infant day care has no ill effects on a child's current or later development. The data is sparse and results mixed.

Given our concerns and the lack of definite answers on the effect of day care, we must ask ourselves not how to care for children, but what kind of care best meets the needs of chidren? As Jonia Lundberg so candidly told the Committee, "All the rhetoric and testimony in the world cannot and will not change what the real needs of children actually are. If you are going to talk about the needs of the parents you might make entirely different judgment than if you will address primarily the needs of children."(40) We cannot legislate or exercise quality controls over the capacity of one human being to love and care for another.

As Dr. Nicholi told us, children need a close, warm, sustained and continuous relationship with both parents. They need stability, continuity, and predictability. We share again with the Committee Selma Fraiberg's classic analysis of the importance of mothering. In her book, Every Child's Birthright: In Defense of Mothering, she states:

> Babies have not changed their nature in the course of human history. They have not been liberated by the changing family styles of the past decade. They have not caught up with the news that they are enslaving their mothers and causing domestic upheavals by the accident of their birth. And while we have been professing that it doesn't make any differences who feeds, bathes, diapers, holds and plays games with them, they don't believe it. It has taken millions of research dollars to find out what anybody's grandmother knew 50 years ago. Babies know their parents and prefer them to other people as early as the first weeks of life.

The Committee heard from many witnesses who listed the shortfalls in the current child care network and the need to expand these resources. Regrettably, very little attention was focused on an option which holds a lot of promise for many women -- reducing the need for child care.

From women who are mothers, we learned that "economic relief and social sanctions for mothers at home would be a strong endorsement of the advocacy of choice -- the belief that women should be able to choose what they want to do with their lives. As it stands now, economically and socially, many mothers feel pressured to work. Economic and social incentives for mothers who want to be at home would at last present women with a fair balance of opportunity -- the first genuine "choice" they've had in a long time."(5) We recommend that the Committee further explore ways of strengthening our family units so women have this choice.

Respectfully submitted,

Dan Coats
Thomas J. Bliley, Jr
Barbara F. Vucanovich

ADDITIONAL VIEWS

I had to do some soul searching before I could sign this report. Emotionally, how can anyone oppose more money for child care, but, realistically, will the additional funds benefit our children? Will the money really go to increased child care services? I am totally opposed to the recommended changes that would increase the federal budget by $727 million. I believe increasing the federal deficit would do more harm to our children and families.

In the short run, the additional money would be added to the Social Service Block Grant for states to use as they see fit. In the long run, the money will add to the growing federal deficit, increase the federal government's claim on available credit, decrease money available to the private sector, help to increase interest rates, help to slow the rate of growth and cause the stagnation of our future economy. This is not the legacy I want to leave my three children. That is why I am forced to take the unpopular position of opposing more money now for child care.

I will use my home state of Indiana as an example. When the Social Service Block Grant was introduced to take the place of Title XX, Indiana made two very important decisions; first they decided the cuts in funding would be absorbed equally between all programs it served, and second they continued the 25% state matching funds that had been required by Title XX but not by the block grant. These two decisions may be why Indiana has been able to expand the number of children served by Title XX child care since 1981.

The recommendation, "Congress should immediately provide funds under the Social Security Block Grant at the maximum level authorized for FY 1985 under Title XX of the Social Security Act (42 USC 1397 Sec. 2001-2008), with emphasis on child care services" would add an additional $600 million to our deficit. Indiana would receive approximately $12 million from that increase and as is their policy probably divide it equally between all their programs, unless it was given "with emphasis on child care services." Then they could put what they are required to towards child care and use the difference between the $10 million they are now using for child care and the "emphasized" amount and divide it between their other programs. The idea of "emphasis" in a block grant takes away from its purpose of letting the individual states decide what they need and not the federal government, it goes against the whole purpose of block grants. The reality is that the $600 million increase would go to he states to decide how to use it. I think the states who are not currently serving their child care needs will continue not to serve them in the future while the deficit goes up.

The recommendation "For children eligible to participate in the child care food program, nutritional supports should include three meals and two supplements per day per child" would require the child care provider and the day care center to replace the family and home during mealtime besides costing $27 million. My family had financial problems when I was young, but the strength I found in them and the meals we shared together can never be replaced by a child care provider and day care center. I have to question the wisdom in allowing the federal government to replace the family in our children's lives. Also, the wisdom of adding another $27 million to the deficit.

The third part of the recommendation, "Congress should require states to disregard an initial thirty dollars, plus one-third of remaining earnings, plus work expenses (including reasonable child care cost related to employment), when determining the amount of benefits to which a recipient AFDC family is entitled" would take the responsibility we have given the states away and add another $100 million to the federal deficit. I have no delusions that the states as cited above can't do what is required and what they want at the same time. I have to question the benefits it will really provide while adding another $100 million to the deficit.

There are ten other recommendations made by this report and my thoughts on those recommendations are addressed in the Additional Views of my colleagues Dan Coats, Tom Bliley, and Barbara Vucanovich.

Respectfully submitted,

Dan Burton